EXHIBIT G

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1
               IN THE UNITED STATES DISTRICT COURT
               FOR THE NORTHERN DISTRICT OF NEW YORK
2
                   CIVIL ACTION NO.: 20-CV-01413
3
4
    The Estate of Joseph P. King,
    by and through its Administrator
5
    ad Prosequendum Amy King,
    and in her own right,
 6
         Plaintiff,
7
    v.
8
    WARD, et al.,
9
         Defendant.
10
11
               12
13
             REMOTE VIDEO DEPOSITION OF DR. LI-WEN LEE
14
                          JUNE 17, 2022
                **********
15
16
17
         REMOTE VIDEO DEPOSITION OF DR. LI-WEN LEE taken in the
18
    above-styled and numbered cause on June 17, 2022, commencing
19
    at 10:06 a.m. Eastern Standard Time, before Gina Williams,
20
    Registered Professional Reporter, Certified Realtime
21
    Reporter, and Certified Realtime Captioner.
22
23
24
25
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1	APPEARANCES
2	(All attorneys appearing remotely)
3	
4	On behalf of Plaintiff:
5	HACH ROSE SCHIRRIPA & CHEVERIE, LLP 112 Madison Avenue, 10th Floor
6	New York, New York 10016 By: YAMILE KALKACH, ESQUIRE
7	HILLARY NAPPI, ESQUIRE
8	
9	On behalf of Defendants:
10	NEW YORK STATE ATTORNEY GENERAL SYRACUSE REGIONAL OFFICE
11	300 South State Street Suite 300
12	Syracuse, New York 13202 By: AIMEE COWAN, ESQUIRE
13	
14	
15	
16	
17	
18	
19	
20	QUOTATION MARKS ARE USED FOR CLARITY AND DO NOT NECESSARILY REFLECT A DIRECT QUOTE
21	
22	
23	
24	
25	

Case 9:20-cv-01413-TJM-ML Document 79-7 Filed 03/31/23 Page 4 of 40 Estate of Joseph P. King v. Ward, et al.

Deposition of Dr. Li-Wen Lee

•		1
1	INDEX	
2	WITNESS	PAGE
3	DR. LI-WEN LEE	
4	Examination by Ms. Kalkach	4
5		
6	EXHIBITS	
7	Number	
8	Exhibit A Amended Complaint	21
9	Exhibit B Answer to Amended Complaint	23
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		

1	Page 4	1	your answer was based on that understanding.
2	WHEREUPON, DR. LI-WEN LEE	2	It is also important that you give verbal answers
3		3	as opposed to a head nod so that the court reporter may take
4	was called as a witness and, after having been first duly sworn, was deposed and testified as follows:	4	down your words, okay?
5	EXAMINATION	5	
		6	
6	BY MS. KALKACH:		Q And it's also best not to talk over one another.
7	Q Good morning, Ms. Lee. My name is Yamile	7	Otherwise the court reporter is going to have a hard time
8	Kalkach. I'm with the law firm that represents the	8	writing down what we're saying.
9	Plaintiff, the Estate of Joseph King.	9	If at any time today you need a break, please
10	Could you please state your full name and current	10	Just 100 1110 11110 11, unit 110 11 11110 unit 110 110 110 110 110 110 110 110 110 11
11	address for the record?	11	The only thing I ask from you is that if there's
12	MS. COWAN: You mean business address, right?		a question that hash t seen this werea, it has to se this werea
13	MS. KALKACH: Yeah.	13	before we take the break, okay?
14	MS. COWAN: Okay.	14	A Yes.
15	A My full name, you need it spelled?	15	Q Now, there may be many times today that your
16	BY MS. KALKACH:	16	account may espect to a question, our amount site and on
17	Q Yes, please.	17	jed not to answer, then you sem must answer, only.
18	A Li-Wen Lee, L-i - W-e-n, last name is Lee, L-e-e.	18	A Okay.
19	My address is work address is New York State	19	Q Now, please turn off all other devices that you
20	Office of Mental Health, New York City Field Office, 330	20	have around you, cell phone, Apple watch, iPad, computers,
21	Fifth Avenue, 9th floor, New York, New York 10001.	21	et cetera, or put them on mute or silent.
22	Q Thank you.	22	A Okay.
23	Ms. Lee, I'm going to go over a few ground rules	23	Q Please also close any other documents or programs
24	to help you today so we can run this deposition as quickly	24	on your screen other than Zoom and the ones that other
25	and smoothly as possible.	25	than the ones I'll be showing you today.
1	Page 5 Have you ever been deposed before?	1	Page 7
1	Have you ever been deposed before?	1 2	A Okay.
	Have you ever been deposed before? A It's been a long time. Once before.		A Okay. Q Do you have any paper documents in front of you?
2	Have you ever been deposed before? A It's been a long time. Once before. Q Have you ever testified at trial?	2	A Okay. Q Do you have any paper documents in front of you? A I have a question.
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	Have you ever been deposed before? A It's been a long time. Once before. Q Have you ever testified at trial? A What kind of trial? With mental hygiene hearings, yes. Q What was the nature of the case where you were deposed before? A This was related to policy on transgender treatment. Q Do you remember the caption of the case? A No, I don't. Q Do you understand that you are under oath today? A Yes. Q And that this is the same oath that you would take in a courtroom? A Yes. Q Are you on any medications which may affect your ability to testify truthfully today? I'm sorry? A No. Q If you don't hear or understand a question that I ask you, please feel free to ask me to repeat or rephrase	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	A Okay. Q Do you have any paper documents in front of you? A I have a question. Should I be opening up the exhibit link now, or is that Q No, we will do that. You don't have to be A Okay. Q So there's no other paper documents in front of you? A No. Q Okay. Is there anyone else in the room with you? A No. Q Are you under the influence of any drugs or alcohol that in any way may affect the testimony which you are about to give? A No. Q Okay. So what did you do to prepare for today's deposition? A For today's deposition, I spoke with Aimee Cowan, and I reviewed some older documents related to this case, including the psychological autopsy and some of the CNYPC policies.

	Page 8		Page 10
1 2	a Tor now long and you meet with your counser.	2	Article 10 hearings. It's a technical term in Article 10.
3	Ti Timik dood dii nodi.	3	Q Okay. And you told me you testified in a
4	other than your counsel, was anyone else present.	4	deposition. When was this?
5		5	
6	Q Did you discuss today's depositions with anyone other than your counsel?	6	A I don't remember the year. Maybe 10 years ago. Q What was the lawsuit about?
7	_	7	
8		8	A Over a provision of transgender treatment.
9	Q Trave you ever used any other names.	9	Q What kind of witness were you?
10	11 110.	10	A Just explaining policy.
11	Q Have you ever been convicted of a crime?	11	Q Did you attend college?
12	11 110.	12	A Yes.
	When were you donn.	13	Q Where did you go?
13	A July 18, 1974.		A University of Texas.
14	Where were you com.	14	Q When did you go there?
15	11 Houston, Texas.	15	A 1992 to 1996.
16	7 The you married.	16	Q What did you major in?
17	A Yes.	17	A Chemical engineering.
18	Do you have kids.	18	Q And did you go to graduate school?
19	11 105.	19	A I went to medical school.
20	Q Have you ever been subject of a disciplinary	20	Q When did you go to medical school?
21	complaint?	21	A 1996 to 2000.
22	11 110.	22	Q When did you become a medical doctor?
23	Q Have any complaints or grievances been filed	23	A In 2000 when I received my medical degree.
24	against you?	24	Q Do you have any other licenses?
25	Ti Tvot that Till aware of.	25	A No. Just medicine.
1	Q Have you ever been a party of a lawsuit before?	1	Page 1: Q Where did you go to graduate school to med
2		2	school?
3		3	A University of Texas Medical Branch.
4		4	Q Did you specialize in a specific field?
5	A I'm sorry. I'm trying to think back. It's been	5	A Psychiatry and then forensic psychiatry.
6		6	Q Where did you specialize?
7	Q That's okay.	7	A Sorry?
8		8	Q Where did you specialize?
9	_	9	A You mean where did I do my residency training?
10	objection or retention hearings, those kinds of hearings,	10	Q Yes.
11	treatment hearings.	11	A I completed my residency training at Beth Israel
12		12	
13	of hearings related to Article 10 Mental Hygiene Law	13	psychiatry fellowship through Albert Einstein College of
14		14	Medicine, Bronx.
15		15	Q Besides what we have discussed, have you taken
16	1	16	any other certification program or licensing program?
17	A I don't remember the exact year, so I think if I	17	A No.
18	came up with something, I would be guessing. Something	18	Q Could you briefly walk me through your employment
19	pre-pandemic.		history leading up to your current position?
20	Q Do you have an approximation, let's say, I	20	A After fellowship I took a position at Bellevue
21	mean	21	
22		22	
23		23	as unit chief until 2008.
24		24	So in 2008 I left Bellevue to come to the Office
25	· ·		
	A I was the commissioner's designee for those	123	of Mental Health in a position of medical director for the

Page 12 Page 14 What's the name of the position you have right 1 Division of Forensic Services, and I have been at OMH since 1 O that time. 2 now? I have a different title. I'm no longer the Associate commissioner for the Division of Α medical director. Beginning in late 2019, I moved into the Forensic Services. associate commissioner role. Someone else has the medical Who do you report to now? 6 director role now. Now I report to --7 Q Okay. Now, what were the roles and What's his title? responsibilities that you had at the Division of Forensic 8 -- deputy commissioner. 9 Services? What's the name of the deputy commissioner? 9 Q 10 Α The Division of Forensic Services at OMH is 10 Α Jeremy Darman. 11 11 responsible for working with the OMH Forensic Psychiatric Q Who reports to you? ¹² Centers, as well as local jurisdictions around the 12 We have a deputy director within the Division of 13 statutorily mandated populations, and those include 13 Forensic Services who reports to me, and the medical 14 individuals who have been found unfit to stand trial and are director also directly reports to me. 15 in need of restoration to fitness to return to their legal Q Do you know Ann Marie Sullivan? 16 I do know Ann Maria Sullivan. 16 proceedings, as well as the management of individuals who Α 17 have been found not responsible by reason of mental disease O You do? 17 18 or defect, not in terms of whether or not they reach that Yes. Α 19 19 verdict, but what happens afterwards. O What is your relationship with her? 20 20 There's also the state prison mental health She is the commissioner for the Office of Mental services that are offered to individuals in state custody, 21 Health, and so I know her in her role as the commissioner 21 22 both the inpatient program, as well as the 22 for our agency. 23 correctional-based programs, and sex offender management O So do you have projects together? 24 24 under mental hygiene Article 10. There are times that we would -- she would have 25 So within the Division of Forensic Services, 25 something that she would want looked into, or there are Page 13 Page 15 we're not providing any of those services directly, but we overall agency projects that the division might be are working with the facilities to help them with the participating in. responsibilities and the services that they're providing, as 3 We do not interact with her on a daily basis. 4 well as coordinating with any other stakeholders. Did you have a conversation with her before this 5 deposition? So local jurisdictions that might have patients coming to and from services or the court systems Α Not about this deposition. 7 correctional facilities, those kinds of parties. In broad When was the last time that you spoke to her? 8 strokes, that's --Today is Friday. I spoke to her on Tuesday. 9 The medical director, the role was to provide 9 MS. COWAN: I think we lost you on video. 10 10 some of that clinical insight and understanding into the Is anyone else able to see her? 11 11 services that were being provided to assist the central MS. KALKACH: For me it's the other way around. 12 office in navigating those relationships, as well as helping I cannot see anyone, I just noticed. Like I can see 13 13 the facilities in certain situations. my --14 14 Okay. Division of Forensic Services, how long Oh, my God, what is going on? 15 15 did you work -- did you work there? MS. COWAN: We can see you now. 16 Α Since 2008. 16 MS. KALKACH: You can see me? 17 17 Q To whom did you report? MS. COWAN: Yes. As a medical director, I would report to the 18 18 MS. KALKACH: I don't know what's going on with 19 associate commissioner. 19 all my devices, apparently. 20 20 Both? MS. COWAN: Let's go off the record for a second. O 21 (Discussion was held off the record.) 21 I'll separate it. 22 (Last question was read back.) 22 To whom did you report when you were medical 23 23 director? BY MS. KALKACH: 24 24 Did she reach out to you or you reach out to her As medical director, I reported to whoever the ²⁵ associate commissioner was at the time. or something else?

	•		
1	A I reached out to her. I had a question.	1	And then there's also forensics, which I've
2	Q So what was the sum and substance of this	2	described in terms of the key areas that are covered or
3	conversation?	3	encompassed within forensics.
4	A I wanted to ask her about her thoughts on	4	But there are also the psychiatric centers, which
5	accreditation options for the Article 10 program.	5	is how direct services are organized. The psychiatric
6	Q Did you have a conversation with her regarding	6	centers, some of them deliver only inpatient services. Some
7	this case?	7	of them have an outpatient footprint as well. And they have
8	A No.	8	their own structure of administration and supervision.
9	Q Are you aware of what this lawsuit is about?	9	BY MS. KALKACH:
10	A I think in large part, yes.	10	Q How many divisions does the Office of Mental
11	Q How did you become aware of that information?	11	Health have?
12	A When I was contacted in terms of the	12	A How many what?
13	deposition this deposition.	13	Q Divisions.
14	Q So when you say "in large part, yes," what does	14	A How many divisions?
15	that entail?	15	Q Yes.
16	A That this is about an inmate suicide inmate	16	A I mean, I know it will sound odd, but I will
17	patient suicide.	17	actually need to look at it to count up the formal
18	Q Do you know Mr. Hal Meyers?	18	divisions. They're not all called divisions. Some are
19	A I do know him, yes.	19	bureaus. It gets complicated.
20	Q What is your relationship with him?	20	Q I'm going to move to strike the portions that are
21	A He has had	21	not responsive.
22	He works for Central New York Psychiatric Center	22	And what is the objective of the Office of Mental
23	in corrections cased operations, so there are times when he	23	Health for New York State?
24	·· · · · · · · · · · · ·	24	MS. COWAN: Objection.
25	different reasons.	25	A The Office of Mental Health is a combination of
1	There is also a brief period when I had first	1	providing mental health services in the public sector, as
2		2	well as promoting and establishing policies for delivery of
3	Services when he was also working within the Division of	3	mental health services in New York State beyond the
4		4	state-operated services.
5	I do not know how long he was there, but he was	5	BY MS. KALKACH:
6	not there much longer after I got there.	6	Q What is the mission of the Office of Mental
7		7	Health for New York State?
8	deposition?	8	A I can't quote it to you.
9	A No.	9	Q Okay. Do you know the specific facts of this
10	Q Did you have a conversation with him before this	10	case?
11		11	MS. COWAN: Objection.
12	A I've known him since 2008, so at various times	12	A I know facts about this case. I don't know if I
13		13	know every single fact about this case that you might know
14	Q When was the last time that you spoke to him?	14	or be thinking about.
15	A The last time that I've personally spoken to him	15	BY MS. KALKACH:
16	has been quite some time. I cannot put a time frame on it	16	Q Were you aware that Mr. King committed suicide in
17	because I don't remember. Not this year.	17	the New York State correctional facility?
18	Q How is the Office of Mental Health organized?	18	A Yes.
19	MS. COWAN: Objection.	19	Q Are you aware that Mr. King used his shoelaces to
20	A Well, it's	20	commit suicide?
21	There are different components within the central	21	A Yes.
22	office. Some of them are folks on the community side, some	22	Q Are you aware that Mr. King had already attempted
23	of them on licensing.	23	to commit suicide with his shoelaces a couple of years
24	There is an Adult & Children's Division that	24	before?
	focuses on civil the civil side.	25	A Yes.

			1 0
1	Q Did you ever talk about this lawsuit with anybody	1	MS. KALKACH: Technician, if you could please
2	you work with?	2	just scroll down. She doesn't have to read every word,
3	A With the lawsuit, only in the context of this	3	just to see if she recognizes the document.
4	deposition and being asked to come and testify.	4	BY MS. KALKACH:
5	Q So, yes, you did?	5	Q Dr. Lee, if you could please let me know when
6	A Yes.	6	you're finished reviewing this document.
7	Q Who did you speak to?	7	A These complaints don't come to me.
8	A We have our counsel who notified me that somebody	8	Q Are you finished reviewing the document?
9	was needed to testify for the commissioner, and she sent me	9	A I'm on page 2, but what I'm trying to say is, no,
10	information connecting me with the Attorney General's	10	I did not read this before.
11	Office.	11	MS. KALKACH: Okay. We can stop showing
12	Q Okay. What are the names of these co-workers?	12	Exhibit A. Thank you.
13	A Peggy Drake. Margaret Drake.	13	BY MS. KALKACH:
14	MS. COWAN: OMH counsel, just so you know.	14	Q Do you recognize the document which has been
15		15	marked as Exhibit A?
16	Q When did you speak to them?	16	A You mean have I seen it before?
17	A I think around the time that I was asked to	17	I have not spent time with that document before.
18	testify for the deposition, which may be about a month ago	18	Q Do you recognize it?
19	or so, in order to understand what I was going to be	19	A What are you asking me by asking if I recognize
20	speaking to.	20	it?
21	Q Okay. So what were the sum and substance of the	21	Q Have you seen it before?
22	conversation you had with the commissioner?	22	A No, I haven't read that.
23	A With the commissioner?	23	Q But have you seen it before?
24	Which conversation?	24	You could have seen it, yet not read it.
25	I'm sorry. I don't understand.	25	A I'm somewhat confused by that question.
1	Q I'm sorry. I thought	1	Q Is this the first time that you see the document
2	I'm going to rephrase that.	2	that was marked as Exhibit A?
3	Can you please repeat the names of the two people	3	A I believe so, yes. I haven't read it.
4	you spoke with?	4	MS. KALKACH: Okay. I'm going to move to strike
5	A It was one person. I'm sorry. Peggy and	5	the portions not responsive.
6		6	Now I would like to mark Exhibit B into evidence.
7		7	Could you please show it to her?
8	conversation with Margaret?	8	BY MS. KALKACH:
9	MS. COWAN: Yeah, I'm going to object to that and	9	Q Please take a minute to review this exhibit, and
10	direct her not to answer. That's an attorney that she	10	when you're finished, let me know.
11	was speaking with from OMH.	11	A I'm sorry. It's too small.
12		12	Q Is that better?
13	Q Do you remember when the lawsuit was filed?	13	A That's better.
14	A No, I don't.	14	VIDEO TECHNICIAN: Did you want to take control
15	MS. KALKACH: Off the record.	15	and walk through the document, Ms. Lee, or did you just
16	(Discussion was held off the record.)	16	want to keep scrolling?
17	MS. KALKACH: I offer Exhibit A into evidence, if	17	THE WITNESS: You're fine.
18	you could please put Exhibit A.	18	MS. COWAN: Were you going to ask if she's ever
19	VIDEO TECHNICIAN: That will be marked; is that	19	seen this before?
20	correct?	20	MS. KALKACH: Yes, yes, but it's that's what
21	MS. KALKACH: Yes, that's correct.	21	I'm going to do.
22	(Exhibit A was marked for identification.)	22	(Exhibit B was marked for identification.)
23		23	BY MS. KALKACH:
24	Q Dr. Lee, please take a minute to review this	24	Q Just let me know if you're finished reviewing the
25	exhibit.	25	document. I just want to know if you recognize it and if

Page 24 Page 26 notices, I didn't mean 365 days. That was an inaccuracy. I 1 you have seen it before. meant for the last -- starting for 2022. I haven't seen it before, and I don't recognize 3 I see. So approximately over a year -it. 4 4 Okay, strike that. MS. KALKACH: Okay. Thank you so much, 5 Technician. Is there an approximate number of notices that 6 BY MS. KALKACH: you receive per year since you have been working at the OMH? Yeah, there's a range. It might be maybe 12 to Q Have you signed any written statements or made 20, in there somewhere. Every year is different. any recorded statements or spoken to any attorneys or 9 9 investigators or reporters about the events related to this Do you have access to that information? 10 lawsuit? 10 Yes, I do. A 11 Not related to the lawsuit. O Is there a yearly report, or where is this Α 12 12 Speaking with Aimee, counsel. information? 13 Q Did you know Joseph King? 13 We go over suicides on a recurring basis through 14 14 the year to try to understand if there are trends or other A I do not know him, no. 15 Q Before today have you ever heard about Mr. Joseph areas to make a change. 16 So we do talk about the numbers on an ongoing 16 King? 17 basis with Central New York. 17 Α Yes, I have. 18 When did you hear about him? 18 How often do you go over the suicide trends? O 19 At the time of his suicide, Central New York has 19 A It depends. We talk about trends at least twice 20 a year. a notification procedure, so they sent out notice. 20 21 How did you receive notice? 21 Central New York talks about trends internally 22 E-mail notification saying that a suicide has 22 much more often than that. 23 occurred. It provides a little bit of basic information, Once you have the meeting, is there a report that comes out of it or any official document at the conclusion where, when, that kind of thing. 24 of these meetings? 2.5 Q Do you remember this other information that was Page 27 Page 25 ¹ in the notice? We don't make an official report. It's more of a 2 The usual notice is generally the same. It's got 2 discussion. the location, the date, basic information, demographic 3 O Who was involved in the discussion? 4 information, age of the individual, some other diagnoses, if There's --5 there was -- how suicided. So there's a discussion to look at trends, which It's usually very preliminary information, and would involve the medical director for the Division of 6 it's considered just the notification. Forensic Services, deputy director for Central New York's 8 O Do you know when he was incarcerated? corrections-based operations, director of suicide 9 I believe that was starting in 2013. prevention, clinical director, chief psychologist, executive A 10 How many of these notices have you received in director, to talk about it. 11 the past year? 11 And they have also, again, their own meetings, 12 In the past year? including some meetings with Department of Corrections, to Α talk about suicide prevention. 13 Q Yes. 14 I don't have that number accurately off the top Are you aware of any policy regarding inmates 14 Α 15 of my head. 15 with mental illness? 16 If you want an estimate, I can give you an 16 MS. COWAN: Objection. 17 Central New York has a whole slew of policies estimate. Q Yeah. Do you have an estimate? 18 around how they provide services to inmates with mental 18 19 Maybe in the last 365 days, 8 or so. 19 illness. Α 20 20 0 In 2018 do you have an approximate of how many of BY MS. KALKACH: 21 What are the names of these policies? these notices that you received? 21 22 I don't know the names of all of them. There's a 2018, the number varies somewhere between --22 23 2018, I don't remember the exact number. For 2018, there lot. might have been around 15 or so. 24 They have a policy manual. If I need something, 24 25 I'm sorry. When I said earlier about 6 or 8 ²⁵ I'll look it up, but I don't have them off the top of my

O

Can you explain generally how it works?

Page 28 Page 30 1 head. 1 The psyche centers have their own structure of 2 Q Who creates these policies? administration and supervision. A Central New York Psychiatric Center creates those 3 When they identify a need, either one of these --4 Maybe a joint commission accreditation policies to be consistent with OMH agency policies. 5 And who approves the policies? requirement has changed. 6 The facility policies, they have an internal Maybe they've decided to update a practice. 7 policy approval that also involves their medical staff Whatever it is, if they've decided that there's a organization. need to change a policy, then they will pull the policies that are impacted by this change, and they have their own 9 So what I want to understand is, what is the 10 process of creating a policy from beginning to end? process to revise and review. I'm not qualified to speak to 11 I'm not involved in their policy creation. I'm their internal steps. 12 12 not sure I can describe that to you with any accuracy. I understand. 13 Do you know how often the policies get updated? 13 When you say "they," do you know what the 14 That's going to depend. Sometimes I know that if position of the people that decide when to revise and review 15 are? 15 they change a practice, they're going to update a policy. 16 16 If they set up a new program, they're going to I don't know if it's a specific person that update the policy. you're looking for who would say, okay, it's time to revise 17 18 If there's a change in a joint commission 18 a policy, but they have a team approach to administration 19 requirement, they'll change policy to be consistent. and supervision. 20 20 So there are different things that will trigger a Q So this goes to my next question. 21 policy update. Which department is in charge of overseeing the 21 22 Would a trend in suicide be something that would 22 updates of the policies? 23 trigger a change in policy? It's a combination I think in terms of 24 A trend by itself doesn't trigger a change in responsibility for policy development. They have quality policy, but if there's a change in practice related to a ²⁵ management involved. The clinical director would be 25 Page 29 Page 31 trend, then that would trigger a change in policy. involved, the deputy director. 2 Can you please explain this a little bit further? 2 There might be other individuals, depending on 3 I'm trying to think of a way to explain it. what kind of policy it is. So systems of care in psychiatric centers Who within the department is in charge of overseeing that the policies get updated? included -- have quality management, quality improvement practices to review the care that's been delivered and I don't know who the specific person would be 6 review outcomes. that they would give that to. If they identify a problem, then they look at how Would they be in charge of the team that to -- whether it's a systemic issue or a one-time issue and administrates and supervises the policies? try to make decisions about how to improve upon those 10 10 Their policy development? 11 issues, those problems, and sometimes those reviews result 11 I'm not involved in their process of policy development. These questions I don't know the specific in deciding to make a modification to a policy. 13 So it would depend. It's not always a specific answers to. 14 trend. It might just be an area that they're continuously Okay. After the policy is updated, do you know 14 15 15 looking to improve upon, so maybe no specific trend, but who is in charge of distribution? 16 just something that they think is better, and they might be I do not know who specifically is in charge of 17 17 responding to that. distribution. 18 Do you know the position of the person that would 18 Understood. 19 Who is in charge of updating the policies? 19 be in charge of distribution? 20 20 Α The facilities update their own policies. Α No. 21 All I know about policy distribution is that when 21 Do you know what the process from beginning to 22 they decide on a new policy, that they have a process of end for updating a policy is? 22 23 23 A No, only generally. I don't know the beginning distributing it, but I do not get involved in how they do 24 24 that. to end.

Okay. Do you know if it's an electronic or paper

	Page 32		Page 34
1	distribution.		psyche center for access.
2	Ti Twodia magne so.	2	Q Do you get training on these policies, or do you
3	Q Both, electronic and paper of electronic of only	3	learn them on your own?
4	puper.	4	A No.
5	11 I would have to guess.	5	I'm not a facility-based staff person. I
6	These days there's a lot of electronic	6	wouldn't get training in their policies.
7	distribution, and sometimes there's paper, and sometimes	7	Q At the facility centers, do you know who provides
8	mere s seem.		the training?
9	a rather not have you guessing.	9	A They have an admin training department who
10	If you don't know, just	10	provides training.
11	A I don't know. That's what I'm trying to say is,	11	Q Do they get continuing training, or do they only
12	I don't know.	12	train once?
13	Q Do you know who makes sure that the new policy	13	A I don't know their schedule for training, but I
14	gets delivered to their distribution destination?	14	know that Central New York has a continuous approach to
15	A No, I don't.	15	keeping their staff up to date.
16	Q Do you know who ensures that the policy gets	16	Q Do all the people that need to follow the policy
17	taught to the people who are supposed to follow it?	17	receive training when they join the company?
18	A No, I don't keep track of that either.	18	A You want to know if every new employee gets
19	Q Do you know	19	training?
20	Do you know the amount of time that could pass	20	Q Yes.
21	between the update of a policy and the training of all the	21	A All the employees are oriented to a facility and
22	people that are obliged by a policy?	22	what they need to do.
23	MS. COWAN: Objection.	23	Q Do they get training in policies?
24	A I can't answer that. I don't actually know.	24	A I have never sat in on their new employee
25		25	training.
1	BY MS. KALKACH:	1	Q Do you know if the training for the policies is
2		2	voluntary or mandatory or something else?
3		3	A I would have to assume. I'm not involved in
4		4	their training.
5		5	Q Now I'm going to go back a little bit about when
6		6	we were speaking about the processes.
7		7	Who would know all this information?
8	_	8	MS. COWAN: Objection.
9		9	BY MS. KALKACH:
10		10	Q Who specific
11		11	Who would know the process from beginning to end
12	_	12	for updating a policy?
13	Q Why did you read them?	13	A Central New York administration would be.
14	A Usually because I'm looking for how something is	14	Q Are you aware of any document that has all this
15		15	information?
16		16	A There might be. I don't know.
17	put out or proposed that might impact how services are	17	Q Okay. Are you aware of any policies regarding
18		18	shoelaces and inmates?
19		19	A Not specifically about shoelaces.
20	Q What did you learn about them?	20	Q Okay. Are correctional facilities assigned a
21	A What did I learn about what?	21	mental health level?
22		22	A Yes.
23		23	Q Are you aware which facility Mr. King was housed?
24		24	A He was at Mid-State.
25		25	Q Do you know which mental health level was it
			Z 20 / 00 2000

1	assigned?	1	BY MS. KALKACH:
2	A I would want to check that to be sure instead of	2	Q I understand.
3	telling you what I think.	3	Are there any guidelines for a therapist to know
4	Q So you don't know?	4	when to assign these in-between sessions?
5	A No.	5	A They're asked to consider circumstances and,
6	Q How do the correctional facilities obtain their	6	again, clinical judgment.
7	health level?	7	Q Okay. Are you familiar with the screening that
8	A It's decided jointly between OMH and the	8	is done to the inmates?
9	Department of Corrections in terms of where logistically	9	MS. COWAN: Objection.
10	they can set up services, how much capacity is needed.	10	A Which screening?
11	Q What is the relationship between Mid-State	11	BY MS. KALKACH:
12	Correctional Facility and the Office of Mental Health of New	12	Q The initial screening.
13	York?	13	A Yes.
14	MS. COWAN: Objection.	14	Q What could be the consequences of the screening?
15	A Are you asking	15	MS. COWAN: Objection.
16	Well, so at Mid-State Correctional Facility, that	16	A The screening is looking for individuals who
17	is a facility operated by the Department of Corrections and	17	might need mental health services.
18		18	So some individuals wind up being determined to
19	Mental health services are provided on site by	19	not need any, and they won't be opened to services, others
20	Central New York Psychiatric Center staff. CNYPC is an OMH		will be, or sometimes additional information is needed.
21	psychiatric center.	21	BY MS. KALKACH:
22		22	Q Would the screening affect the supervision and
23	Q Okay. How is it decided when an inmate should be	23	treatment that an inmate may receive?
24		24	A The screening is used to determine who needs
25	A There are different factors that are considered,	25	treatment.
1	Page 37	1	Page 39
1	and they're not all up to CNYPC. But if an individual is	1	Q So would it affect the supervision and treatment
2	admitted to caseload, the clinician will decide what level	3	that an inmate may receive?
3	of services is appropriate, and that will be one of the		Yes or no?
4	considerations in terms of which facility they then go to.	4	MS. COWAN: Objection.
5	The Department of Corrections has other	5	A Yes.
6	considerations for which facility they should go to.	6 7	BY MS. KALKACH:
7	Q When do they see the clinician?		Q Who's in charge of prescribing medication to
8	A When do they see the clinician?	8	inmates?
9	Q Yes.	9	A Psychotropic medications or medications in
10	A They need to see	10	general?
11	Depending what kinds of services they're getting,	11	Q Medications in general.
12	but in general population they would be expected to see the	13	A Then that depends.
13	psychiatrist minimally every 90 days and primary therapist		If it's related to psychiatric treatment, it
14	monthly, and there's flexibility left for additional	14	would be a psychiatrist or nurse practitioner working for
15	in convenience in the common jungment.	15	Central New York Psychiatric Center.
16	Q When would an in-between session happen?	16	If it's for general medical treatment, then
17	Why would it happen?	17	that's the purview of the DOCCS Medical.
18	MS. COWAN: Objection.	18	Q How many times does an inmate see a medical
19	A Hypotheticals, if the clinician and patient were	19	doctor that could prescribe medication?
20	trying to change something, and they thought an in-between	20	A I'm sorry. For psychiatric treatment or medical
21	session made sense. If there was some increased level of	21	treatment?
22	concern, mey might see them mere frequency. If a patient	22	Q For both. Let's separate it.
23	had an issue, they might be seen sooner.	23	How many times does an inmate see a medical
24	It would depend.	24	doctor for psychiatric treatment that could prescribe
25		25	medication?

	Page 40	I	Page 42
1	A If they're taking medication, the minimum is once	1	Within Central New York Psychiatric Center, they
2	every 90 days.	2	have supervisors who work with clinicians. There are
3	Q And how many times does an inmate see a medical	3	outside entities that review for following policies, the
4	doctor that could prescribe medication, the regular one?	4	Justice Center, the Commission on Correction.
5	MS. COWAN: Objection.	5	BY MS. KALKACH:
6	A They can request a call-out. I can't speak to	6	Q What are the consequences of not following a
7	DOCCS medical policy.	7	policy?
8	BY MS. KALKACH:	8	MS. COWAN: Objection.
9	Q How often does an inmate see his or her social	9	A It depends.
10	worker?	10	BY MS. KALKACH:
11	MS. COWAN: Objection.	11	Q I'm going to make it more specific.
12	A You mean the primary therapist?	12	What are the consequences of a correctional
13	BY MS. KALKACH:	13	facility that does not follow a policy?
14	Q Yes.	14	MS. COWAN: Objection.
15	A They need to see that person monthly.	15	A I don't understand.
16	Q Is there a policy that specifies how often should	16	BY MS. KALKACH:
17	an inmate see his or her social worker?	17	Q So if a correctional facility is not following a
18	A I'm sure there is.	18	policy, what would be the consequences of this?
19	Q Is there a policy that specifies how often should	19	MS. COWAN: Objection.
20	an inmate see his or her medical doctor?	20	A I don't
21	MS. COWAN: Objection.	21	I don't think we think of a facility not
22	A Medical doctors in DOCCS medical-medical doctor	22	_
23	or if a medical doctor as an MD psychiatrist?	23	Do you mean a staff person not following a
24		24	policy?
25	Q Both.	25	
1	Page 41	1	BY MS. KALKACH:
2	A So, again, I don't I can't speak to another agency's policies for medical practices.	2	O Yes.
3	For medication management, it's once every 90	3	A It depends on in what way the policy wasn't
4			followed or what that policy was, what the consequences of
5	days. Q If an inmate requests to see a doctor, how	1	
6	_	6	Q Are there
7		7	Scratch that.
8		8	
9	Tradit remember what the CTM C poney is on now		Is there audits or a system that is followed to
10	quickly they respond to it. BY MS. KALKACH:	1	have correctional facilities in check with their policy compliance?
11		11	A Yes, there is accreditation on the correctional
12	Q Is there a policy that states so?	12	
13	A If they	13	CNYPC has their own mechanism for reviewing quality of care.
14	States what though?	14	
15	I'm sorry. Can you reframe your question?	15	
16	Q Yes, I can.	16	
17	If an inmate requests to see a doctor, is there a	17	I don't know what you mean. Q Scratch that.
	policy that states how quickly they should be addressed?		
18	MS. COWAN: Objection.	18	How does the accreditation work?
19	A I don't know what the actual policy would be on	19	MS. COWAN: Objection.
20	that.	20	A Accreditation?
21	BY MS. KALKACH:	21	BY MS. KALKACH:
22	Q In general who or what organization oversees that	22	Q Yes.
23	all mental health policies are followed?	23	A Joint Commission on Accreditation is around every
24	MS. COWAN: Objection.	1	1
25	A There's multiple layers of review.	25	facility, Central New York Psychiatric Center, and while

Page 46 they are accrediting CNYPC, they will also visit some of the BY MS. KALKACH: 1 2 correctional locations for CNYPC. I'm sorry. What was your answer? 3 While they're there they will look at Α It depends. documentation. They will talk to staff. They will ask Q What does it depend on? questions. They will look at the environment of care. It could depend on if there's a review of a Q So you said they go to some of the correctional negative outcome. If they identify a problem and they facilities. wanted to change their policy, they might update it then. 8 How do they choose which facilities to go to? If they decided to improve their suicide risk assessment, MS. COWAN: Objection. 9 they might update it then as well. 10 I don't know. I have no idea. 10 It might not be linked to a specific problem. If 11 BY MS. KALKACH: there's a change in requirement somewhere else from the 12 12 Are there any sanctions that should be put in Joint Commission or something like that, they might update 13 place when a correctional facility does not follow the it then as well. 14 policies? 14 Do you know who is in charge of updating these MS. COWAN: Objection. 15 policies? 16 I don't understand what you're asking. Α 16 The CYNPC has their process for updating their 17 17 BY MS. KALKACH: policies. 18 So after they do the audit and they look at the 18 I'm not involved in their day-to-day work on 19 documentation and everything, if a correctional facility is 19 updating policies. 20 not complying with the policies, is there any sanction that 20 So you don't know the process from beginning to 21 they get? 21 end on how to update the policies for CYNPC? 22 You're asking about accreditation? 22 I do not. Α Α 23 Q Q Yes. Okay. Do you know how they get distributed? 24 24 When the Joint Commission has completed the I know they get distributed. I don't get 25 review, they will tell the facility -- by this I mean 25 involved in how they distribute, so no. Page 45 Page 47 Central New York Psychiatric Center -- what their findings Is there a policy about how to deal with an are and if there needs to be a corrective action plan or inmate with a mental illness? not. That's up to the Joint Commission. 3 MS. COWAN: Objection. 4 It's theoretically possible that a location could I'm not sure how to answer that question, how to lose accreditation. That hasn't happened. deal with an inmate with a mental illness. 5 BY MS. KALKACH: 6 Could you please repeat that last? That hasn't happened. Yes. Let me try to rephrase that one. Α 8 Before that. Is there a policy about how to treat an inmate O 9 It's theoretically possible to lose with a mental illness? A 10 10 accreditation. MS. COWAN: Objection. 11 They're not accredited by individual correctional 11 Treatment isn't dictated through policy. facility. Their accreditation is for Central New York. Treatment is guided by clinical judgment, clinical practice. BY MS. KALKACH: 13 Are there any policies regarding inmates that 14 have attempted to commit suicide? When I say "treat," I don't mean it as treatment 14 15 MS. COWAN: Objection. like medical treatment, but more about how they conduct all There are policies around suicide, risk the actions that you must take when an inmate has a mental 17 illness. 17 assessment, policies for different units. 18 BY MS. KALKACH: MS. COWAN: Objection. 18 19 Who drafted these policies? 19 Policies are structural. They talk about 20 Those would have been drafted by Central New York documentation and program structure. They don't tell a 21 Psychiatric Center. clinician how to treat someone. 21 ²² BY MS. KALKACH: Who oversees these policies are followed? 22 23 23 Α CNYPC. Again, I'm not talking about treatment. Please 24 How often do the policies get updated? 24 O scratch that. 25 MS. COWAN: Objection Is there a process to report an inmate when they

mean

Page 48 Page 50 1 speak about suicide? 1 BY MS. KALKACH: MS. COWAN: Objection. Q Is there a specific area within the correctional When an inmate says they feel suicidal, is there facility where people with mental illness should be? MS. COWAN: Objection. a process to report it? There are different levels of treatment, so it Is that what you're asking? BY MS. KALKACH: 6 depends on the clinical assessment of their needs. BY MS. KALKACH: Q Yes. 8 Okay. What are these different levels of There is an expectation that an inmate who reports suicidal ideation is assessed, and then the 9 treatment? clinician takes appropriate steps. 10 Α They are similar to the community structure of 11 So if there's an inmate that has been speaking treatment. So in the community outside of prisons, just about suicide, which people in a correctional facility would 12 because a person has a mental illness doesn't mean by itself 12 13 need to be aware of it? where they should or shouldn't be. 14 So within a correctional facility, some 14 MS. COWAN: Objection. 15 In general, if there's an individual who is individuals who need mental health treatment, but only need reporting suicidal ideation, then we would want the mental clinic-level services can stay in general population and 16 health unit made aware so that the individual could be come to the mental health unit for their appointments. 17 18 assessed, and they could make a determination about the Some individuals may live in a more structured 19 circumstances and individually assess that person to 19 unit intended for individuals with serious mental illness determine what's appropriate. who need more support, and some may need inpatient-level 20 BY MS. KALKACH: treatment, so they would go to CYNPC. 21 22 22 And how would mental health be made aware --There's an assortment of programs trying to 23 provide a spectrum of services. Okay, scratch that. 24 Who are the people in a correctional facility Should people that have tried to commit suicide 24 that would need to be aware of the process? 25 inside a correctional get any special attention or care? 25 Page 51 Page 49 1 MS. COWAN: Objection. MS. COWAN: Objection. 2 2 If a person has attempted suicide in the past, What happened --BY MS. KALKACH: that's important information, but what kind of care they need currently is going to depend on a number of different Of the process to report, yes. factors besides what's happened in the past. I think staff and correctional facilities on the BY MS. KALKACH: correctional side or on the mental health side are aware that if an inmate reports suicidal ideation that it needs to Which ones are these factors? be communicated to the mental health unit. Current circumstances, their symptoms, the How are all of these people that you mentioned overall clinical presentation, how their presentation is 10 made aware of the process? understood, what the different contributing issues might be. 11 11 I don't know. I'm not responsible for training Individuals who have committed suicide, their 12 clinical presentation and assessment will change over time. any of them. They're their own policies. There's not an automatic assumption that once you've 13 Is there a policy that contains any guidance regarding special treatment inside the correctional? committed suicide that there's anything -- that you're 14 permanently placed in any particular location. 15 MS. COWAN: Objection. 16 What do you mean by "special treatment"? Just like in the community, there are individuals who have committed suicide, but they return home and go 17 BY MS. KALKACH: 18 about their daily lives again. Special treatment to people -- inmates with 18 19 mental illness. 19 According to the policies, would an inmate be 20 allowed to have his shoelaces after he had attempted suicide MS. COWAN: Objection. There are policies about the programs that are 21 with them in the past? 21 established where they can be or can't be within a 22 MS. COWAN: Objection. 22 23 23 correctional facility, what happens in disciplinary. So it depends if they had acute risk and were 24 24 currently in crisis and admitted to the crisis unit. There are policies, but I'm not sure what you

Maybe not but, if not and they're more stable or

		1	
1	living in general population, people get their shoelaces	1	Page 54 A No, I do not.
2	back.	2	Q Do you know what suicide watch is?
3	BY MS. KALKACH:	3	1
4	Q Who makes this decision?	4	Q When is an inmate placed on suicide watch?
5	A The treatment team makes these decisions.	5	A When there is concern about an inmate's suicide
6	Q After a suicide attempt, should an inmate be	6	potential for some reason, there can be a decision to put
7	reevaluated?	7	them on watch until it can be assessed.
8	A Reassessed after something as serious as a	8	Q Are there any standard items that an inmate
9	suicide attempt, yes.	9	should have when he's put in suicide watch?
10	Q After a suicide attempt, should an inmate be	10	MS. COWAN: Objection.
11		11	A Standard items of
12	adequate supervision and treatment?	12	There are
13	MS. COWAN: Objection.	13	There can be decisions about what they can't
14		14	have.
15	treatment they need.	15	BY MS. KALKACH:
16	BY MS. KALKACH:	16	Q Who makes these decisions?
17	Q Are you familiar with Special Housing Unit?	17	A It depends.
18		18	Q On what?
19	Q Is there any reason to send an inmate to a	19	A The Department of Corrections DOCCS staff can
20	Special Housing Unit?	20	initiate watches if it's off-hours. But if someone goes
21		1	into the RCTP, the mental health treatment team would decide
22		22	
23		23	
24	_	24	Q Do you know what a parole board hearing is?
25	Q Do you know the reasons for sending an inmate to	25	
	Page 53	1	Page 55
1	Special flousing office.	2	as there a policy on saletae prevention.
	Ti stelated to all marvidual sustaining all	3	There's a poney on surerae risk assessment.
3 4	initiation.	4	Q Who drafted this policy?
5	what do you mean by that.	5	it its a civil o policy.
	Transferred one of the rules within the Department	6	who eversees that the penely is renewed.
6 7	of corrections, they decide seediffy decides what the	7	A Auso Civil C.
	appropriate action is. Sometimes they decide to send	8	who knows now often the poney gets apatied.
8	someone to the special floating cint.		A That would depend on different things, like if
9	2 So it would be only something related to an	l .	there's a change change in environments or they've
10	infraction in order to be sent to a special freating out.	l .	decided to change their own practice to try to improve what
11	To go to special	12	they're doing. It depends.
13	1 03.		ar this policy, suicide risk assessment, is not
14	2 Bo you know what a saletae water communicer is.		being followed, is there an organization within OMH that
15	Wis. Co Will. Objection.	15	follows up on the correctional facilities complying with it?
16	That's on the correctional side. This aware of		The organization within office of Western Treatm
	the term.	17	that
17	BT W.S. IN LEIGHTEIT.		of the mas an incident review process, and they
18	a rou are aware of the term, of he.		determined if policies are not followed. They also decide
19	11 105.	20	what kind of intervention is appropriate.
20	Q Do you know who has this position?	21	Q Which kind of intervention do they have?
21	A No, I don't.		A It depends. Sometimes it might be retraining.
22	2 Bo you know what this person's duties are.	l	In other circumstances it might be other kinds of individual
23	A They work with the mental health team on those on	23	supervision.
24 25	suicide watch.		Q Are there more, or those are the only
	Q Do you know who appoints this person?	23	interventions?

all of these.

Page 56 Page 58 1 I'm sure there are others, and I think it would 1 Q Okay. What are the positions of the people that depend. ² draft the policies? 2 3 O Who is in charge of the incident review process? A I don't know which specific people get involved in each policy. But in general policy development, they At the facility level, they have their process, have an administrative and supervisory structure who would and their administration supervisors are involved in this review process. be involved in some of the revisions, or at least reviewing Q Who decides the kind of intervention that would them. apply to the specific case? Q Who oversees that the policy is followed? CNYPC administration and the supervisor that's 9 CNYPC has a supervisory structure, and they appropriate, depending on what the staff person's discipline 10 ensure that their policies are followed. 11 was, would decide. So evaluation for suicide risk, the policies that 12 contain this official evaluation, who oversees that this Are there training or education on suicide 0 13 prevention? policy is followed? 14 14 MS. COWAN: Objection. Α There are, yes. 15 15 Q Who receives it? I feel like you're asking for a specific person. 16 There might be some variation in the exact 16 Is that what you're asking? audience, but they provide training to all of their staff. ¹⁷ BY MS. KALKACH: 17 18 There's also training to the Department of 18 No. I'm asking for either a department or a team 19 Corrections staff. 19 or something else. 20 How often do they receive it? Α Clinical supervision, and there's a structure for 20 O 21 New staff receive it. I believe it's annually that. 21 given to the Department of Corrections. Mental health 22 O How often do the evaluations for suicide risk 22 23 staff, they have different trainings at different points. should be made? 24 24 Okay. So for a training that is annually, when When somebody comes off of services, they get is this given? 25 reassessed or the packet is reviewed, potential risks redone 25 Page 59 Page 57 1 I don't know when they do that. and transferred to pending. 2 2 It needs to be redone if the circumstances change O Do you know who provides it? 3 There's joint training between the Department of or if they've been admitted to the inpatient and are 4 Corrections and OMH and CNYPC. returning to the facility. They need to be redone. 5 5 Q And who pays for the training? What is a risk factor? Who pays for it? 6 MS. COWAN: Objection. 6 Α Mm-hmm. A I'm sorry. I talked over you and didn't hear O 8 I suppose both, staff time. what you said. Α 9 Q How long does a training last? BY MS. KALKACH: 10 Α I don't know that off the top of my head. What is a risk factor according with the 11 Is there a policy that speaks about official 11 policies? O 12 evaluations for suicide risk? A risk factor is something that increases a 13 They have an official suicide risk assessment person's chances of some sort of outcome that you're trying 14 to avoid. 14 tool, yes. 15 Is there a list of risk factors? 15 Do you know which policy is the one that has this O There's a list of risk factors in CNYPC's risk 16 official evaluation? 16 17 17 The policies are numbered, and I don't remember. assessment tool. 18 Do you know who drafted this policy? Do you know what the list is? 18 Q 19 I don't know which specific person drafted it, 19 I've seen the list. There's a lot of them. It's Α a combination of historical risk factors, clinical risk 20 no. 21 21 Do you know which position would this person factors, acute stressors. 22 have -- the person that drafted the policy have? Okay. So how is the evaluation for suicide risk 22 23 performed? 23 My understanding is that their policies are drafted jointly. It's not one single person who's writing It's partly based on the clinical assessment, the

²⁵ interview with the individual, what they have to say, but it

			1 8 ,
1	also takes into account historical information.	1	get available information, talking to staff, talking to
2	So it's both of those things that provide the	2	peers, reviewing the record.
3	foundation for the information used to fill out the suicide	3	It's meant to determine if policies were
4	risk assessment.	4	followed, also meant to take a look at things clinically and
5	Q Who performs the evaluation?	5	try to understand why the suicide happened.
6	A The primary therapist who is doing the	6	Q Who needs to be notified after a suicide occurs?
7	assessment.	7	A Central Office and then the Justice Center,
8	Q Are the people performing the evaluation trained?	8	Commission on Corrections. The family is also notified if
9	A Yes.	9	they haven't been notified already.
10	Q How often?	10	Q Who gives the notifications?
11	A I don't know how often exactly that they're	11	A CNYPC staff have their process for doing so.
12	trained.	12	MS. KALKACH: Can I have just one minute please?
13	Q How long are the trainings?	13	Oh, never mind.
14	A I've never delivered one of the trainings. I do	14	MS. COWAN: Do you want to take like a
15	not know how long they are.	15	five-minute break since we've been going for about two
16	Q Who would receive the training?	16	hours?
17	A Mental health staff at the units.	17	MS. KALKACH: Yes, definitely, but I have three
18	Q Are you aware of any other suicides that happened	18	more questions, and then I want to review my notes so
19	in the Mid-State Correctional Facility during 2013 to 2018?	19	that we can take a break then.
20	A There might be. I did not go back and look at	20	MS. COWAN: Okay, yeah.
21	that specifically for today.	21	MS. KALKACH: Back on the record.
22	Q Are you aware of any changes to the policies and	22	BY MS. KALKACH:
23	directives of Mid-State Correctional Facility as a	23	Q Was there anything different that should be
24	consequence of other suicides during 2013 to 2018?	24	changed to prevent these situations from happening?
25	MS. COWAN: Objection.	25	MS. COWAN: Objection.
	Page 61		Page 63
1	A I don't know that specifically.	1	A That seems very broad.
2	BY MS. KALKACH:		BY MS. KALKACH:
3	Q Do you know if Mid-State Correctional Facility	3	Q I'm going to rephrase.
4	kept a suicide watch log?	4	In your opinion, is there anything different that
5	A I would have to guess that they did, but I did		should be changed to prevent suicides in
6	not see it. I don't know.	6	correctional facilities from happening?
7	Q In general, who has access to a facility suicide	7	A Suicides are often very individual, and
8		١ ـ	la granda de la composição
_	watch log?		individual circumstances are unique.
9	A I've never gotten involved in that question. I	9	So sometimes in looking at adverse events,
10	A I've never gotten involved in that question. I don't know the answer to it.	9	So sometimes in looking at adverse events, including suicides, there are things that could have been
10 11	A I've never gotten involved in that question. I don't know the answer to it. Q Okay. Are there any policies about suicide?	9 10 11	So sometimes in looking at adverse events, including suicides, there are things that could have been decided differently sometimes in hindsight, but you couldn't
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10 11 12 13	A I've never gotten involved in that question. I don't know the answer to it. Q Okay. Are there any policies about suicide? MS. COWAN: Objection. A Policies about suicide?	9 10 11 12 13	So sometimes in looking at adverse events, including suicides, there are things that could have been decided differently sometimes in hindsight, but you couldn't have known it at the time, or there are opportunities for improved communication. Sometimes somebody knew something
10 11 12 13 14	A I've never gotten involved in that question. I don't know the answer to it. Q Okay. Are there any policies about suicide? MS. COWAN: Objection. A Policies about suicide? There's policies, and some of them encompass	9 10 11 12 13 14	So sometimes in looking at adverse events, including suicides, there are things that could have been decided differently sometimes in hindsight, but you couldn't have known it at the time, or there are opportunities for improved communication. Sometimes somebody knew something and didn't say anything. Sometimes a peer knew or family
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10 11 12 13 14 15 16 17 18 19 20 21	A I've never gotten involved in that question. I don't know the answer to it. Q Okay. Are there any policies about suicide? MS. COWAN: Objection. A Policies about suicide? There's policies, and some of them encompass suicide. BY MS. KALKACH: Q Do you know the name of them? A No, I don't know the specific name. Q What would be the procedure that needs to be taken after a person commits suicide? A After a suicide, the facility would make notifications. They notify Central Office. They notify the	9 10 11 12 13 14 15 16 17 18 19 20 21	So sometimes in looking at adverse events, including suicides, there are things that could have been decided differently sometimes in hindsight, but you couldn't have known it at the time, or there are opportunities for improved communication. Sometimes somebody knew something and didn't say anything. Sometimes a peer knew or family member knew. So there are lots of different examples, I suppose, where clinically somebody might try to learn have lesson learned and try to respond to it, but it depends. In our look at suicides over the years, there haven't been overarching trends that connect them all together that would lead to one solution.

Case 9:20-cv-01413-TJM-ML Document 79-7 Filed 03/31/23 Page 20 of 40 Estate of Joseph P. King v. Ward, et al.

Deposition of Dr. Li-Wen Lee

1	minutes to review my notes and see what else, and then	
2	come back. So we can take a five-minute break.	
3	MS. COWAN: Okay.	
4	(Recess was taken.)	
5	MS. KALKACH: I have no further questions. Thank	
6	you so much, Ms. Lee, for your time.	
7		
8	MS. COWAN: I don't have any questions. I just	
	want to put on the record, though, that I'll have Dr.	
9	Lee read and sign.	
10	Typically what I have done is, the person that	
11	notices the deposition pays for the transcript, so I	
12	wasn't sure what everyone else's practice was on that.	
13	That's what I've always practiced.	
14	MS. NAPPI: That's exactly what we're going to do	
15	here and in the prior.	
16	(Whereupon, the deposition was concluded at	
17	12:10 p.m.)	
18		
19		
20		
21		
22		
23		
24		
25		

1	CERTIFICATE
2	I, Gina Williams, Registered Professional Court
3	Reporter, do certify that the above deposition was reported
4	by me and that the foregoing transcript is a true and
5	accurate record to the best of my knowledge, skills, and
6	ability.
7	I further certify that I am not an employee of
8	counsel or any of the parties, nor a relative or employee of
9	any attorney or counsel connected with the action, nor
LO	financially interested in the action.
L1	Subscribed and sworn to before me when taken this
L2	17th day of June, 2022.
L3	Q. 911.00.
L4	<u>Gina Williams</u>
L5	GINA WILLIAMS, RPR, CRR
L6	
L7	
L8	
L9	
20	
21	
22	
23	
24	

1	ACKNOWLEDGMENT OF DEPONENT		
2			
3	I, DR. LI-WEN LEE, do hereby certify that I have		
4	read the foregoing pages and that the same is a correct		
5	transcription of the answers given by me to the questions		
6	therein propounded, except for the corrections or changes in		
7	form or substance, if any, noted in the attached Errata		
8	Sheet.		
9			
10			
11			
12	DR. LI-WEN LEE Date		
13			
14	Subscribed and sworn to before me this		
15	day of, 2022.		
16	My commission expires:		
17			
18			
19	Notary Public		
20			
21			
22			
23			
24			
25			

Case 9:20-cv-01413-TJM-ML Document 79-7 Filed 03/31/23 Page 23 of 40
Dr. Li-Wen Lee Estate of Joseph P. King v. Ward, et al. Deposition of Dr. Li-Wen Lee

1					
2	ERRATA				
3					
4	PAGE	LINE	CHANGE/REASON		
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					

WORD INDEX

<1> **10** 9:13, 14 10:1, 5 12:24 16:5 **10:06** 1:19 **10001** 4:*21* **10016** 2:6 **10th** 2:5 **112** 2:5 **12** 26:7 **12:10** 64:*17* **13202** 2:*12* **15** 25:24 **17** 1:14, 18 **17th** 65:12 **18** 8:*13* **1974** 8:*13* **1992** 10:*15* **1996** 10:15, 21

<2>
2 22:9
20 26:8
2000 10:21, 23
2008 9:8 11:23, 24
13:16 17:12
2013 25:9 60:19, 24
2018 9:23 25:20, 22,
23 60:19, 24
2019 12:4
2022 1:14, 18 26:2
65:12 66:15
20-CV-01413 1:2
21 3:8

<3>
300 2:11
330 4:20
365 25:19 26:1

< 4 > 4 3:4

23 3:9

< 6 > 6 25:25

< 8 >

8 25:19, 25 <9>
90 37:13 40:2 41:3 9th 4:21 <A>
a.m 1:19 ability 5:18 65:6 able 15:10 above-styled 1:18 access 26:9 34:1 61:7 accommodate 6:10

access 26:9 34:1
61:7
accommodate 6:10
account 60:1
accreditation 16:5
30:4 43:11, 12, 18, 20,
23 44:22 45:5, 10, 12
accredited 45:11
accrediting 44:1
accuracy 28:12
accurate 65:5
accurately 25:14
ACKNOWLEDGMEN
T 66:1
ACTION 1:2 45:2

T 66:1 ACTION 1:2 45:2 53:7 65:9, 10 actions 47:16 actual 41:19 acute 51:23 59:21 ad 1:5 additional 37:14 38:20 address 4:11, 12, 19 addressed 41:6, 17 adequate 52:12 admin 34:9

administration 18:8 30:2, 18 35:13 56:5, 9 administrative 58:5 Administrator 1:4 admitted 37:2 51:24 59:3

administrates 31:9

Adult 17:24 adverse 63:9 affect 5:17 7:14 38:22 39:1

38:22 39:1 age 25:4 **agency** 14:22 15:1 28:4 **agency's** 41:2 **ago** 10:5 20:18 33:8 **AIMEE** 2:12 7:19 24:12 **al** 1:5 **Albert** 11:13

alcohol 7:14 **allowed** 51:20 **Amended** 3:8, 9 **amount** 32:20

Amy 1:5 Ann 14:15, 16 annually 56:21, 24 Answer 3:9 5:24

6:1, 17 21:10 32:24 33:12 46:2 47:4

61:10 answered 6:12 answers 6:2 31:13

66:5 anybody 20:1 apparently 15:19

appearing 2:2 **Apple** 6:20 **apply** 56:8

appointments 50:17 appoints 53:25 approach 30:18

34:14

appropriate 37:3 48:10, 20 53:7 54:22 55:19 56:10

approval 28:7 approves 28:5

approximate 25:20 26:5

approximately 26:3 approximation 9:20

area 29:14 50:2 areas 18:2 26:15 Article 9:13, 14 10:1

12:24 16:5 asked 20:4, 17 38:5

asking 22:19 36:15 44:16, 22 48:5 58:15,

16, 18

assess 48:19

assessed 48:9, 18 54:7 assessment 7:24 45:17 46:8 50:6

51:12 52:14 55:2, 12 57:13 59:17, 24 60:4,

assign 38:4 assigned 35:20 36:1,

assist 13:11 **associate** 12:5 13:19,

25 14:3 assortment 50:22 assume 5:25 35:3 assumption 51:13

attached 66:7 attempt 52:6, 9, 10 attempted 19:22 45:14 51:2, 20

attend 10:10 attending 11:22

attention 50:25 **ATTORNEY** 2:10 6:16 20:10 21:10

65:9 **attorneys** 2:2 24:8

audience 56:17 **audit** 44:18 **audits** 43:8 **automatic** 51:13

autopsy 7:21 available 62:1

Avenue 2:5 4:21 **avoid** 59:14 **aware** 8:25 16:9, 11

19:16, 19, 22 27:14 35:14, 17, 23 48:13,

17, 22, 25 49:6, 10 53:15, 18 60:18, 22

< B >

back 9:5, 8 15:22 35:5 52:2 60:20 62:21 64:2 **based** 6:1 59:24

basic 24:23 25:3 **basis** 15:3 26:13, 17

33:9

Beginning 12:4
28:10 29:21, 23
35:11 46:20
behalf 2:4, 9
believe 23:3 25:9
56:21
Bellevue 11:20, 24
best 6:6 65:5
Beth 11:11
better 23:12, 13
29:16
beyond 19:3
bit 24:23 29:2 35:5
board 54:24
born 8:12, 14
Branch 11:3
break 6:9, 13 62:15,
19 64:2
Breaking 53:5
brief 17:1
briefly 11:18
broad 13:7 63:1
Bronx 11:14
bureaus 18:19
business 4:12

< C > **called** 4:3 18:18 call-out 40:6 capacity 36:10 caption 5:10 Captioner 1:21 care 29:4, 6 43:13 44:5 50:25 51:3 case 5:6, 10 7:20 16:7 19:10, 12, 13 56:8 caseload 37:2 cause 1:18 **cell** 6:20 Center 11:12, 21 16:22 28:3 33:24 34:1 36:20, 21 39:15 42:1, 4 43:25 45:1, 21 61:23 62:7 Centers 12:12 18:4, 6 29:4 30:1 34:7 central 13:11 16:22 17:21 24:19 26:17, 21 27:7, 17 28:3

34:14 35:13 36:20 39:15 42:1 43:25 45:*1*, *12*, *20* 61:*22* 62:7 **certain** 13:*13* **CERTIFICATE** 65:1 certification 11:16 **Certified** 1:20, 21 **certify** 65:3, 7 66:3 **cetera** 6:21 **chances** 59:13 change 26:15 28:15, 18, 19, 23, 24, 25 29:1 30:8, 9 37:20 46:7, 11 51:12 55:9, 10 59:2 **CHANGE/REASON changed** 30:5 62:24 63:5 changes 60:22 66:6 **charge** 29:19 30:21 31:4, 8, 15, 16, 19 39:7 46:14 56:3 check 36:2 43:9 Chemical 10:17 CHEVERIE 2:5 **chief** 11:23 27:9 Children's 17:24 choose 44:8 circumstances 38:5 48:19 51:8 55:22 59:2 63:8 City 4:20 11:12 **CIVIL** 1:2 17:25 **CLARITY** 2:20 clinical 13:10 27:9 30:25 37:15 38:6 47:12 50:6 51:9, 12 58:20 59:20, 24 clinically 62:4 63:17 clinician 9:8 37:2, 7, 8, 19 47:21 48:10 clinicians 42:2 clinic-level 50:16 **close** 6:23 **CNYPC** 7:21, 25 36:20 37:1 43:13

44:1, 2 45:23 55:4, 6

56:9 57:4 58:9 62:11 **CNYPC's** 59:16 **college** 10:10 11:13 combination 18:25 30:23 59:20 come 11:24 20:4 22:7 43:24 50:17 64:2 comes 26:24 58:24 **coming** 13:*6* commander 53:13 commencing 1:18 commission 28:18 30:4 42:4 43:12, 23, 24 44:24 45:3 46:12 61:23 62:8 66:16 commissioner 12:5 13:19, 25 14:3, 8, 9, 20, 21 20:9, 22, 23 commissioner's 9:25 commit 19:20, 23 45:14 50:24 **commits** 61:20 committed 19:16 51:11, 14, 17 communicated 49:8 communication 61:25 63:13 community 17:22 36:18 50:10, 11 51:16 **company** 34:17 Complaint 3:8, 9 8:21 **complaints** 8:23 22:7 completed 11:11 44:24 compliance 43:10 complicated 18:19 complying 44:20 55:14 components 17:21 computers 6:20 concern 37:22 54:5 concluded 64:16 conclusion 26:24 **conduct** 47:15 confused 22:25

connect 63:21 connected 65:9 connecting 20:10 consequence 60:24 consequences 38:14 42:6, 12, 18 43:4 consider 38:5 considerations 37:4, 6 considered 25:7 36:25 **consistent** 28:4, 19 contacted 16:12 **contain** 58:12 **contains** 49:13 context 20:3 continuing 34:11 continuous 34:14 continuously 29:14 contributing 51:10 **control** 23:14 conversation 15:4 16:3, 6 17:7, 10 20:22, 24 21:8 convicted 8:10 coordinating 13:4 correct 21:20, 21 66:4 Correction 42:4 correctional 13:7 19:17 35:20 36:6, 12, 16, 24 42:12, 17 43:9, 11 44:2, 6, 13, 19 45:11 48:12, 24 49:5, 6, 14, 23 50:2, 14, 25 53:15 55:14 60:19, 23 61:3 63:6 correctional-based 12:23 Corrections 27:12 36:9, 17 37:5 52:23 53:6 54:19 56:19, 22 57:4 61:23, 25 62:8 66:6 corrections-based 16:23 27:8 corrective 45:2 **counsel** 8:1, 3, 6 20:8, 14 24:12 65:8, 9

count 18:17 **couple** 19:23 **COURT** 1:*1* 6:*3*, 7 9:3 13:6 65:2 courtroom 5:15 covered 18:2 **COWAN** 2:12 4:12, 14 7:19 15:9, 15, 17, 20 17:19 18:24 19:11 20:14 21:9 23:18 27:16 32:23 35:8 36:14 37:18 38:9, 15 39:4 40:5, 11, 21 41:7, 18, 24 42:8, 14, 19 43:19 44:9, 15 45:15, 25 47:3, 10, 18 48:2, 14 49:1, 15, 20 50:4 51:1, 22 52:13, 21 53:14 54:10 58:14 59:6 60:25 61:12 62:14, 20, 25 64:3, 7 **co-workers** 20:*12* creates 28:2, 3 creating 28:10 creation 28:11 **crime** 8:10 crisis 51:24 CRR 65:15 current 4:10 11:19 51:8 currently 51:4, 24 **custody** 12:21 **CYNPC** 41:8 46:16, 21 50:21 55:17

daily 15:3 51:18 **Darman** 14:10 **date** 25:3 34:15
66:12 **day** 65:12 66:15 **days** 25:19 26:1
32:6 37:13 40:2
41:4 **day-to-day** 46:18 **deal** 47:1, 5 **decide** 30:14 31:22
37:2 53:6, 7 54:21
55:18 56:11

decided 30:6, 7 36:8, 23 46:8 55:10 63:11 decides 53:6 56:7 deciding 29:12 52:14 decision 52:4 54:6 decisions 9:14 29:10 52:5, 23 54:13, 16 **defect** 12:18 Defendant 1:5 **Defendants** 2:9 **defined** 33:15 definitely 62:17 **degree** 10:23 deliver 18:6 delivered 29:6 32:14 33:18 60:14 delivery 19:2 demographic 25:3 Department 27:12 30:21 31:4 34:9 36:9, 17 37:5 52:22 53:5 54:19 56:18, 22 57:3 58:18 61:25 depend 28:14 29:13 37:24 46:4, 5 51:4 55:8 56:2 **depending** 31:2 33:9 37:11 56:10 depends 26:19 39:12 42:9 43:3 46:3 50:6 51:23 54:17 55:11, 21 63:19 **DEPONENT** 66:1 deposed 4:4 5:1, 7 **DEPOSITION** 1:13, 17 4:24 7:18, 19 10:3 15:5, 6 16:13 17:8, 11 20:4, 18 64:11, 16 65:3 depositions 8:5 deputy 14:8, 9, 12 27:7 31:*1* describe 28:12 described 18:2 designee 9:25 destination 32:14 determination 48:18 determine 38:24

48:20 62:3

determined 38:18 55:18 development 30:24 31:10, 12 58:4 devices 6:19 15:19 diagnoses 25:4 dictated 47:11 different 12:3 16:25 17:21 26:8 28:20 33:16 36:25 45:17 50:5, 8 51:4, 10 55:8 56:23 62:23 63:4, 16 differently 63:11 **DIRECT** 2:20 18:5 21:10 43:12 directives 60:23 directly 13:1 14:14 director 11:25 12:4, 6 13:9, 18, 23, 24 14:12, 14 27:6, 7, 8, 9, 10 30:25 31:1 directs 6:16 disciplinary 8:20 49:23 discipline 56:10 discuss 8:5 discussed 11:15 **Discussion** 15:21 21:16 27:2, 3, 5 disease 12:17 distribute 46:25 **distributed** 46:23, 24 distributing 31:23 **distribution** 31:15, 17, 19, 21 32:1, 7, 14 DISTRICT 1:1 **Division** 12:1, 8, 10, *25* 13:*14* 14:*3*, *12* 15:*1* 17:*2*, *3*, *24* 27:*6* divisions 18:10, 13, 14, 18 **DOCCS** 39:17 40:7, 22 54:19 doctor 10:22 39:19, 24 40:4, 20, 22, 23 41:5, 16 **doctors** 40:22 **document** 22:3, 6, 8, 14, 17 23:1, 15, 25 26:24 35:14

documentation 44:4, 19 47:20 documents 6:23 7:2, 8, 20 doing 55:11 60:6 62:11 **DR** 1:13, 17 3:3 4:2 21:24 22:5 64:8 66:3, 12 draft 58:2 **drafted** 45:19, 20 55:3 57:18, 19, 22, 24 **Drake** 20:13 **drugs** 7:13 duly 4:3 **duties** 53:22

< E >

earlier 25:25 Eastern 1:19 education 56:12 **Einstein** 11:*13* either 30:3 32:18 58:18 electronic 31:25 32:3, 6 else's 64:12 E-mail 24:22 employee 34:18, 24 65:7, 8 employees 34:21 employment 11:18 encompass 61:14 encompassed 18:3 engineering 10:17 ensure 58:10 **ensures** 32:16 **entail** 16:15 entities 42:3 environment 44:5 environments 55:9 Errata 66:7 67:2 **ESQUIRE** 2:6, 7, 12 established 49:22 establishing 19:2 **Estate** 1:4 4:9 estimate 25:16, 17, 18 et 1:5 6:21

evaluation 57:16
58:11, 12 59:22 60:5
8
evaluations 57:12
58:22
events 24:9 63:9
evidence 21:17 23:6
exact 9:17 25:23
56:16
exactly 9:22 60:11
64:14
Examination 3:4 4:5
examples 63:16
executive 27:9
Exhibit 3:8, 9 7:4
21:17, 18, 22, 25
22:12, 15 23:2, 6, 9,
22
existed 33:22
expectation 48:8
expected 37:12
expires 66:16
explain 29:2, 3, 25
explaining 10:9

< F > facilities 13:2, 7, 13 29:20 35:20 36:6 43:9 44:7, 8 49:5 55:14 63:6 facility 16:24 19:17 28:6 34:7, 21 35:23 36:12, 16, 17, 24 37:4, 6 42:13, 17, 21 43:25 44:13, 19, 25 45:12 48:12, 24 49:23 50:3, 14 56:4 59:4 60:19, *23* 61:3, 7, *21* facility-based 34:5 fact 19:13 factor 59:5, 10, 12 factors 36:25 51:5, 7 59:15, 16, 20, 21 facts 19:9, 12 familiar 38:7 52:17 family 62:8 63:14 feel 5:22 48:3 58:15 **fellowship** 11:13, 20 Field 4:20 11:4

Fifth 4:21 **filed** 8:23 21:13 **fill** 60:3 financially 65:10 findings 45:1 fine 23:17 **finished** 22:6, 8 23:10, 24 **firm** 4:8 **first** 4:3 17:1 23:1 **fitness** 12:*15* five-minute 62:15 64:2 flexibility 37:14 Floor 2:5 4:21 **focuses** 17:25 folks 17:22 **follow** 32:17 34:16 42:13 44:13 **followed** 41:23 43:4, 8 45:22 55:5, 13, 18 58:8, 10, 13 62:4 **following** 42:3, 6, 17, 22, 23 43:5 **follows** 4:4 55:14 footprint 18:7 **foregoing** 65:4 66:4 forensic 11:5, 12, 21 12:1, 8, 10, 11, 25 13:14 14:4, 13 17:2, 4 27:7 **forensics** 18:1, 3 **form** 66:7 **formal** 18:17 **found** 12:14, 17 foundation 60:3 frame 17:16 free 5:22 frequently 37:22 Friday 15:8 **front** 7:2, 8 **full** 4:10, 15 further 29:2 64:5 65:7 <G> GENERAL 2:10 37:12 39:10, 11, 16

41:22 48:15 50:16

52:1 58:4 61:7

generally 25:2 29:23, 25 **General's** 20:10 **getting** 37:11 Gina 1:19 65:2, 15 give 6:2 7:15 25:16 31:7 given 56:22, 25 66:5 gives 62:10 **go** 4:23 10:12, 14, 18, *20* 11:*1* 15:*20* 26:*13*, 18 35:5 37:4, 6 44:6, 8 50:21 51:17 53:11 60:20 God 15:14 goes 30:20 52:23 54:20 going 4:23 6:7 15:14, 18 18:20 20:19 21:2, 9 23:4, 18, 21 28:14, 15, 16 35:5 42:11 51:4 62:15 63:3 64:14 **Good** 4:7 **gotten** 61:9 **graduate** 10:18 11:1 grievances 8:23 **ground** 4:23 guess 32:5 61:5 guessing 9:18 32:9 **guidance** 49:13 **guided** 47:12 guidelines 38:3 <H> **HACH** 2:5 **Hal** 16:18 handful 9:12 happen 37:16, 17 **happened** 45:5, 7 49:2 51:5 60:18 62:5 happening 62:24 63:6 happens 12:19 49:23

18:*11*, *23*, *25* 19:*1*, *3*, 7 35:21, 25 36:7, 12, 19 38:17 41:23 48:17, 22 49:6, 8 50:15, 17 53:23 54:21 55:15 56:22 60:17 hear 5:21 24:18 59:7 heard 24:15 **hearing** 54:24 hearings 5:5 9:9, 10, 11, 13 10:1 **held** 15:21 21:16 help 4:24 13:2 **helping** 13:12 hierarchy 36:18 HILLARY 2:7 hindsight 63:11 **historical** 59:20 60:1 **history** 11:19 home 51:17 **Hospital** 11:21 hour 8:2 hours 62:16 housed 35:23 Housing 52:17, 20, 22 53:1, 8, 10 **Houston** 8:15 hvgiene 5:5 9:13 12:24 **Hypotheticals** 37:19 < I > idea 44:10 ideation 48:9, 16 49:7

<I>idea 44:10 ideation 48:9, 16 49:7 identification 21:22 23:22 identify 29:8 30:3 46:6 illness 27:15, 19 47:2, 5, 9, 17 49:19 50:3, 12, 19 illnesses 33:3 imagine 32:2 impact 33:17 impacted 30:9 important 6:2 51:3

hard 6:7

57:10

head 6:3 25:15 28:1

Health 4:20 11:25

12:20 14:21 17:18

improve 29:10, 15 46:8 55:10 **improved** 63:13 improvement 29:5 inaccuracy 26:1 in-between 37:15, 16, 20 38:4 incarcerated 25:8 incident 55:17 56:3 **include** 12:*13* included 29:5 **includes** 61:24 including 7:21 27:12 63:10 increased 37:21 increases 59:12 individual 25:4 37:1 45:11 48:15, 17 53:2 55:22 59:25 63:7, 8 individually 48:19 individuals 12:14, 16, 21 31:2 38:16, 18 50:15, 18, 19 51:11, 16 influence 7:13 information 16:11 20:10 24:23, 25 25:3, 4, 6 26:9, 12 35:7, 15 38:*20* 51:*3* 60:*1*, *3* 62:1 **infraction** 53:3, 10 **initial** 38:12 **initiate** 54:20 inmate 16:16 36:23 38:23 39:2, 18, 23 40:3, 9, 17, 20 41:5, 16 47:2, 5, 8, 16, 25 48:3, 8, 11 49:7 51:19 52:6, 10, 19, 25 54:4, 8 inmates 27:14, 18 33:3 35:18 38:8 39:8 45:13 49:18 **inmate's** 54:5 Inpatient 11:21 12:22 18:6 59:3 inpatient-level 50:20 inside 49:14 50:25 **insight** 13:10

intended 50:19 interact 15:3 interested 65:10 internal 28:6 30:11 43:12 61:24 internally 26:21 intervention 55:19, 20 56:7 interventions 55:25 interview 59:25 investigators 24:9 involve 27:6 involved 27:3 28:11 30:25 31:1, 11, 23 35:*3* 46:*18*, *25* 56:*5* 58:3, 6 61:9 involves 28:7 iPad 6:20 **Israel** 11:11 issue 29:9 37:23 issues 29:11 51:10 items 54:8, 11 its 1:4

< J> **Jeremy** 14:10 join 34:17 ioint 28:18 30:4 43:23, 24 44:24 45:3 46:12 57:3 jointly 36:8 57:24 **Joseph** 1:4 4:9 24:13, 15 judgment 37:15 38:6 47:12 **July** 8:13 **JUNE** 1:14, 18 65:12 jurisdictions 12:12 13:5 **Justice** 42:4 61:23 62:7

< K >
KALKACH 2:6 3:4
4:6, 8, 13, 16 15:11,
16, 18, 23 18:9 19:5,
15 20:15 21:12, 15,
17, 21, 23 22:1, 4, 11,
13 23:4, 8, 20, 23
24:4, 6 27:20 33:1

35:9 36:22 38:1, 11, 21 39:6 40:8, 13, 24 41:10, 21 42:5, 10, 16 43:1, 21 44:11, 17 45:18 46:1 47:6, 13, 22 48:6, 21 49:3, 17 50:1, 7 51:6 52:3, 16, 24 53:17 54:15 58:17 59:9 61:2, 16 62:12, 17, 21, 22 63:2, 23 64:5 keep 23:16 32:18 **keeping** 34:15 kept 61:4 key 18:2 kids 8:18 kind 5:4 9:24 10:8 24:24 31:3 51:3 52:14 55:19, 20 56:7 kinds 9:10 13:7 37:11 55:22 King 1:4, 5 4:9 19:16, 19, 22 24:13, 16 35:23 knew 63:13, 14, 15 know 6:10 14:15, 16, 21 15:18 16:18, 19 17:5 18:16 19:9, 12, 13 20:14 22:5 23:10, 24, 25 24:13, 14 25:8 27:22 28:13, 14 29:21, 23 30:13, 16 31:6, 12, 14, 16, 18, 21, 25 32:10, 11, 12, 13, *16*, *19*, *20*, *24* 33:*10* 34:7, 13, 14, 18 35:1, 7, 11, 16, 25 36:4 38:3 41:19 43:16 44:10 46:14, 20, 23, *24* 49:*11* 52:*11*, *25* 53:13, 20, 22, 25 54:2, 24 57:1, 2, 10, 15, 18, 19, 21 58:3 59:18 60:11, 15 61:1, 3, 6, 10, 17, 18 knowledge 65:5 known 17:12 63:12 knows 55:7

< L > large 16:10, 14 late 12:4 law 4:8 9:13 **lawsuit** 9:1 10:6 16:9 20:1, 3 21:13 24:10, 11 lavers 41:25 lead 63:22 **leading** 11:19 learn 33:20, 21, 23 34:3 63:17 **learned** 63:18 **LEE** 1:13, 17 3:3 4:2, 7, 18, 23 21:24 22:5 23:15 64:6, 9 66:3, 12 **L-e-e** 4:18 **left** 11:24 37:14, 15 **legal** 12:15 lesson 63:18 level 35:21, 25 36:7 37:2, 21 56:4 levels 50:5, 8 **L-i** 4:18 licenses 10:24 licensing 11:16 17:23 LINE 67:4 link 7:4 **linked** 46:10 **list** 59:15, 16, 18, 19 little 24:23 29:2 35:5 live 50:18 lives 51:18 living 52:1 **LI-WEN** 1:13, 17 3:3 4:2, 18 66:3, 12 LLP 2:5 local 12:12 13:5 location 25:3 45:4 51:15 locations 44:2 log 61:4, 8 logistically 36:9 long 5:2 8:1 13:14 17:5 33:8 57:9 60:13, 15 longer 12:3 17:6

look 18:17 27:5, 25 29:8 44:3, 5, 18 60:20 62:4 63:20 looked 14:25 looking 29:15 30:17 33:10, 14, 25 38:16 63:9 lose 45:5, 9 lost 15:9 lot 27:23 32:6 33:16 59:19 lots 63:16

< M > Madison 2:5 major 10:16 management 7:24 12:16, 23 29:5 30:25 41:3 mandated 12:13 mandatory 35:2 manual 27:24 33:6 Margaret 20:13 21:6, **Maria** 14:16 Marie 14:15 mark 23:6 marked 21:19, 22 22:15 23:2, 22 **MARKS** 2:20 married 8:16 **MD** 40:23 mean 4:12 9:21 11:9 18:16 22:16 26:1 33:19, 24 40:12 42:23 43:16 44:25 47:14 49:16, 25 50:12 53:4 means 5:24 meant 26:2 62:3, 4 mechanism 43:13, 14, 15 **med** 11:1 medical 10:19, 20, 22, 23 11:3, 12, 25 12:4, 5 13:9, 18, 22, 24 14:13 27:6 28:7 39:16, 17, 18, 20, 23 40:3, 7, 20, 22, 23 41:2 47:15

medical-medical 40:22 medication 39:7, 19, *25* 40:*1*, *4* 41:*3* medications 5:17 39:9, 11 medicine 10:25 11:14 meet 8:1 meeting 16:24 26:23 meetings 26:25 27:11, 12 member 63:15 memorized 33:7 Mental 4:20 5:5 9:13 11:25 12:17, 20, 24 14:20 17:18 18:10, 22, 25 19:1, 3, 6 27:15, 18 33:3 35:21, 25 36:12, 19 38:17 41:23 47:2, 5, 9, 16 48:16, 22 49:6, 8, 19 50:3, 12, 15, 17, 19 53:23 54:21 55:15 56:22 60:17 mentioned 49:9 Mevers 16:18 Mid-State 35:24 36:11, 16 60:19, 23 61:3 mind 62:13 minimally 37:13 **minimum** 40:1 minute 21:24 23:9 62:12 minutes 64:1 mission 19:6 **Mm-hmm** 57:7 modification 29:12 month 20:18 monthly 37:14 40:15 morning 4:7 move 18:20 23:4 63:23 moved 12:4 multiple 41:25 mute 6:21

< N >

name 4:7, 10, 15, 18 14:1, 9 43:14 61:17, 18 names 8:8 20:12 21:3 27:21, 22 NAPPI 2:7 64:14 nature 5:6 navigating 13:12 **NECESSARILY** 2:20 need 4:15 6:9 12:15 18:17 27:24 30:3, 8 33:6 34:16, 22 37:10 38:17, 19 40:15 48:13, 25 50:15, 20 51:4 52:15 59:4 needed 20:9 36:10 38:20 needs 38:24 45:2 49:7 50:6 59:2 61:19 62:6 negative 46:6 never 34:24 60:14 61:9 62:13 **NEW** 1:1 2:6, 10, 12 4:19, 20, 21 11:12 16:22 18:23 19:3, 7, 17 24:19 26:17, 21 27:7, 17 28:3, 16 31:22 32:13 34:14, 18, 24 35:13 36:12, 20 39:15 42:1 43:25 45:1, 12, 20 56:21 **nod** 6:3 NORTHERN 1:1 **Notary** 66:19 **noted** 66:7 **notes** 62:18 64:1 notice 24:20, 21 25:1, **noticed** 15:12 notices 25:10, 21 26:1, 5 64:11 **notification** 24:20, 22 25:7 notifications 61:22 62:10 **notified** 20:8 62:6, 8, **notify** 61:22, 23

Number 3:7 25:14, 22, 23 26:5 51:4 numbered 1:18 57:17 numbers 26:16 nurse 39:14

< 0 > oath 5:12, 14 **object** 6:16 21:9 **objection** 9:10 17:19 18:24 19:11 27:16 32:23 35:8 36:14 37:18 38:9, 15 39:4 40:5, 11, 21 41:7, 18, 24 42:8, 14, 19 43:19 44:9, 15 45:15, 25 47:3, 10, 18 48:2, 14 49:1, 15, 20 50:4 51:1, 22 52:13, 21 53:14 54:10 58:14 59:6 60:25 61:12 62:25 objective 18:22 **obliged** 32:22 **obtain** 36:6 occasional 9:9 occurred 24:23 occurs 62:6 odd 18:16 **offender** 12:*23* offer 21:17 **offered** 12:21 **off-hours** 54:20 **OFFICE** 2:10 4:20 11:24 13:12 14:20 17:18, 22 18:10, 22, 25 19:6 20:11 36:12 55:15 61:22 62:7 official 26:24 27:1 57:11, 13, 16 58:12 Oh 15:14 33:24 62:13 Okay 4:14 6:4, 5, 13, 17, 18, 22 7:1, 7, 11, *17* 9:7 10:2 12:7 13:14 19:9 20:12, 21 21:7 22:11 23:4 24:4 26:4 30:17 31:14, 25 35:17, 20

36:23 38:7 46:23
48:23 50:8 56:24
58: <i>1</i> 59:22 61: <i>11</i>
62.20 63.23 64.3
older 7:20
older 7:20 OMH 9:12 12:1, 10,
11 17:2 20:14 21:11
26:6 28:4 36:8, 20
55:13 57:4
Once 5:2 26:23
34:12 40:1 41:3
51: <i>13</i>
ones 6:24, 25 33:5
51:7
one-time 29:9
ongoing 26:16 33:9
opened 38:19
opening 7:4
operated 36:17
operations 16:23
27:8
opinion 63:4
opportunities 63:12
opposed 6:3
options 16:5
order 20:19 53:10
organization 28:8
41:22 55:13, 15
organized 17:18 18:5
oriented 34:21
outcome 46:6 59:13
outcomes 29:7
outpatient 18:7
outside 42:3 50:11
overall 15:1 51:9
overarching 63:21
overseeing 30:21
31:5
oversees 41:22 45:22
55:5 58:8, 12

<P>
p.m 64:17

packet 58:25

PAGE 3:2 22:9 67:4

pages 66:4

paper 7:2, 8 31:25

32:3, 4, 7

parole 54:24

part 16:10, 14 52:14 participating 15:2 particular 51:15 parties 13:7 65:8 partly 59:24 **party** 9:1 pass 32:20 patient 16:17 37:19, 22 patients 13:5 pays 57:5, 6 64:11 peer 63:14 peers 62:2 Peggy 20:13 21:5 pending 59:1 **people** 21:3 30:14 32:17, 22 34:16 48:12, 24 49:9, 18 50:3, 24 52:1 58:1, 3 60:8 performed 59:23 performing 60:8 performs 60:5 **period** 17:*1* permanently 51:15 person 21:5, 6 30:16 31:6, 18 34:5 40:15 42:23 48:19 50:12 51:2 53:25 57:19, 21, 22, 24 58:15 61:20 64:10 personally 9:2 17:15 person's 53:22 56:10 59:13 **phone** 6:20 place 44:13 **placed** 51:15 54:4 **Plaintiff** 1:5 2:4 4:9 **plan** 45:2 please 4:10, 17 5:22 6:9, 19, 23 21:3, 18, 24 22:1, 5 23:7, 9 29:2 45:6 47:23 62:12 points 56:23 policies 7:22, 23 19:2 27:17, 21 28:2, 4, 5, 6, 13 29:19, 20 30:8, 22 31:5, 9 33:2,

22, 24, 25 34:2, 6, 23

35:*1*, *17* 41:*2*, *23* 42:3 44:14, 20 45:13, 16, 17, 19, 22, 24 46:15, 17, 19, 21 47:19 49:12, 21, 24 51:19 55:18 57:17, 23 58:2, 10, 11 59:11 60:22 61:11, 13, 14 62:3 **policy** 5:8 10:9 27:14, 24 28:7, 10, 11, 15, 17, 19, 21, 23, 25 29:1, 12, 22 30:8, 18, 24 31:3, 10, 11, 14, 21, 22 32:13, 16, 21, 22 33:18 34:16 35:12 40:7, 16, 19 41:8, 11, 17, 19 42:7, 13, 18, 22, 24 43:3, 4, 5, 9 46:7 47:1, 8, 11 49:13 55:1, 2, 3, 4, 5, 7, 12 57:11, 15, 18, 22 58:4, 8, 13 population 37:12 50:16 52:1 populations 12:13 **portion** 63:24 portions 18:20 23:5 position 11:19, 20, 25 14:1 30:14 31:18 53:20 57:21 positions 58:1 possible 4:25 45:4, 9 potential 54:6 58:25 practice 28:15, 25 30:6 47:12 55:10 64:12 practiced 64:13 practices 7:25 29:6 41:2 practitioner 39:14 preliminary 25:6 pre-pandemic 9:19 prepare 7:17 prescribe 39:19, 24 40:4 prescribing 39:7 present 8:3 presentation 51:9, 12 prevent 62:24 63:5

prevention 27:9, 13 55:1 56:13 primary 37:13 40:12 60:6 prior 64:15 **prison** 12:20 **prisons** 50:11 **problem** 29:8 46:6, 10 problems 29:11 procedure 24:20 61:19 proceedings 12:16 process 28:10 29:21 30:10 31:11, 22 35:11 46:16, 20 47:25 48:4, 25 49:4, 10 55:17 56:3, 4, 6 61:24 62:11 processes 35:6 **Professional** 1:20 65:2 **program** 11:16 12:22 16:5 28:16 47:20 programs 6:23 12:23 49:21 50:22 projects 14:23 15:1 promoting 19:2 proposed 33:17 propounded 66:6 Prosequendum 1:5 **provide** 13:9 27:18 50:23 56:17 60:2 **provided** 13:11 36:19 provides 24:23 34:7, 10 57:2 **providing** 13:1, 3 19:*1* provision 10:7 **psyche** 30:1 33:24 34:1 Psychiatric 12:11 16:22 18:4, 5 28:3 29:4 36:20, 21 39:13, *15*, *20*, *24* 42:*1* 43:*25* 45:*1*, *21* psychiatrist 11:22 37:13 39:14 40:23

Psychiatry 11:5, 13, 21 psychological 7:21 psychologist 27:9 Psychotropic 39:9 public 19:1 66:19 pull 30:8 purview 39:17 put 6:21 17:16 21:18 33:17 44:12 54:6, 9 64:8

< O > qualified 30:10 quality 29:5 30:24 43:13 question 5:21, 23, 24, 25 6:12, 16 7:3 15:22 16:1 22:25 30:20 41:14 47:4 61:9 **questions** 31:12 44:5 62:18 64:5, 7 66:5 quickly 4:24 41:6, 9, 17 **quite** 17:16 **QUOTATION** 2:20 **OUOTE** 2:20 19:8

< R > **range** 26:7 **RCTP** 54:21 reach 12:18 15:24 reached 16:1 read 15:22 22:2, 10, 22, 24 23:3 33:2, 5, 8, 9, 13 64:9 66:4 **Realtime** 1:20, 21 reason 12:17 52:19 54:6 reasons 16:25 52:25 Reassessed 52:8 58:25 receive 24:21 26:6 34:17 38:23 39:2 52:11 56:20, 21 60:16 received 10:23 25:10, 21

receives 56:15 Recess 64:4 recognize 22:14, 18, 19 23:25 24:2 recognizes 22:3 record 4:11 15:20, 21 21:15, 16 62:2, 21 64:8 65:5 recorded 24:8 recurring 26:13 redone 58:25 59:2, 4 reevaluated 52:7 refer 33:18 REFLECT 2:20 **reframe** 41:*14* regarding 16:6 27:14 33:2 35:17 45:13 49:14 **REGIONAL** 2:10 **Registered** 1:20 65:2 regular 40:4 related 5:8 7:20 9:13 24:9, 11 28:25 39:13 53:2, 9 relationship 14:19 16:20 36:11 relationships 13:12 relative 65:8 remember 5:10 9:17, *22* 10:5 17:*17* 21:*13* 24:25 25:23 41:8 57:17 **REMOTE** 1:13, 17 remotely 2:2 repeat 5:22 21:3 45:6 rephrase 5:22 21:2 47:7 63:3 report 13:17, 18, 22 14:5, 6 26:11, 23 27:1 47:25 48:4 reported 13:24 65:3 **Reporter** 1:20, 21 6:3, 7 65:3 reporters 24:9 reporting 48:16 reports 14:11, 13, 14

48:9 49:7

represents 4:8 request 40:6 requests 41:5, 16 requirement 28:19 30:5 46:11 residency 11:9, 11 respond 41:9 63:18 responding 29:17 responsibilities 12:8 responsibility 30:24 responsible 12:11, 17 49:11 responsive 18:21 23:5 63:24 restoration 12:15 restrictions 54:23 result 29:11 retention 9:10 retraining 55:21 return 12:15 51:17 returning 59:4 review 7:23, 24 21:24 23:9 29:6, 7 30:10, 14 41:25 42:3 44:25 46:5 55:17 56:3, 6 61:24 62:18 64:1 reviewed 7:20 58:25 **reviewing** 22:6, 8 23:24 43:13 58:6 62:2 reviews 29:11 revise 30:10, 14, 17 revisions 58:6 **right** 1:5 4:12 14:1 risk 7:24 45:16 46:8 51:23 55:2, 12 57:12, 13 58:11, 22 59:5, 10, 12, 15, 16, 20, 22 60:4 risks 58:25 role 9:12 12:5, 6 13:9 14:21 **roles** 12:7 **room** 7:11 **ROSE** 2:5 **RPR** 65:15 rules 4:23 53:5

run 4:24 52:22 < S > sanction 44:20 sanctions 44:12 sat 34:24 saying 6:8 24:22 savs 48:3 **schedule** 34:*13* **SCHIRRIPA** 2:5 school 10:18, 19, 20 11:1, 2 **Scratch** 43:7, 17 47:24 48:23 screen 6:24 screened 52:11 screening 38:7, 10, 12, 14, 16, 22, 24 **scroll** 22:2 scrolling 23:16 **second** 15:20 **sector** 19:1 security 53:6 see 15:10, 12, 15, 16 22:3 23:1 26:3 33:6 37:7, 8, 10, 12, 22 39:18, 23 40:3, 9, 15, 17, 20 41:5, 16 61:6 64:*1* seen 22:16, 21, 23, 24 23:19 24:1, 2 37:23 59:19 send 52:19 53:7 **sending** 52:25 sense 37:21 sent 20:9 24:20 53:10 separate 13:21 39:22 serious 50:19 52:8 **Services** 12:1, 9, 10, 21, 25 13:1, 3, 6, 11, 14 14:4, 13 17:3, 4 18:5, 6 19:1, 3, 4 27:7, 18 33:17 36:10, 18, 19 37:3, 11 38:17, 19 50:16, 23 58:24 session 37:16, 21 sessions 37:15 38:4 set 28:16 36:10

sex 12:23
Sheet 66:8
shoelaces 19:19, 23
35:18, 19 51:20 52:1
show 23:7
showing 6:25 22:11 side 17:22, 25 43:12
side 1/:22, 25 43:12
49:6 53:15
sign 64:9
signed 24:7
silent 6:21
similar 50: <i>10</i>
single 19: <i>13</i> 57: <i>24</i>
site 36:19
situations 13:13
62:24
skills 65:5
slew 27:17
small 23:11
smoothly 4:25
social 40:9, 17
solution 63:22
somebody 20:8
58:24 63:13, 17
somewhat 22:25
sooner 37:23
sorry 5:19 9:5, 22
11:7 20:25 21:1, 5
23:11 25:25 39:20
41:14 46:2 59:7
sort 59:13
sound 18: <i>16</i>
South 2:11
speak 20:7, 16 30:10
40: <i>6</i> 41: <i>1</i> 48: <i>1</i>
speaking 20:20
21:11 24:12 35:6
48:11
speaks 57:11
special 49:14, 16, 18
50:25 52:17, 20, 22
53:1, 8, 10, 11
specialize 11:4, 6, 8
specific 11:4 19:9
29:13, 15 30:16 31:6,
29:13, 13 30:10 31:0, 12 35:10 36:24
42:11 46:10 50:2
56:8 57:19 58:3, 15
61:18

specifically 31:16
35:19 60:21 61:1
specifies 40:16, 19
spectrum 50:23
spelled 4:15
spent 22:17
spoke 7:19 15:7, 8
17: <i>14</i> 21: <i>4</i>
spoken 17:15 24:8
sporadic 33:11
stable 51:25
staff 28:7 34:5, 15
36:20 42:23 44:4
49:5 54:19 56:10, 17,
19, 21, 23 57:8 60:17
62:1, 11
stakeholders 13:4
stand 12:14
Standard 1:19 54:8,
11
start 61:24
started 17:2
starting 25:9 26:2
starting 25:9 26:2 STATE 2:10, 11
4: <i>10</i> , <i>19</i> 12: <i>20</i> , <i>21</i>
18:23 19:3, 7, 17
statements 24:7, 8
state-operated 19:4
STATES 1:1 41:11,
13, 17
statutes 33:16
statutorily 12:13
stay 50:16
steps 30:11 48:10
stop 22:11
Street 2:11
stressors 59:21
strike 18:20 23:4
26:4 63:23
strokes 13:8
structural 47:19
structure 18:8 30:1
47:20 50:10 58:5, 9,
20
structured 50:18
subject 8:20
Subscribed 65:11
66:14
substance 16:2

20:21 21:7 66:7

List
suicidal 48:3, 9, 16
49:7
suicide 16: <i>16</i> , <i>17</i>
19: <i>16</i> , <i>20</i> , <i>23</i> 24: <i>19</i> ,
22 26:18 27:8, 13
28:22 45:14, 16 46:8
48:1, 12 50:24 51:2,
11, 14, 17, 20 52:6, 9,
10 53:13, 24 54:2, 4,
5, 9 55:1, 2, 12 56:12
57:12, 13 58:11, 22
59:22 60:3 61:4, 7,
11, 13, 15, 20, 21 62:5,
6
suicided 25:5
suicides 26:13 60:18,
24 63:5, 7, 10, 20
Suite 2:11
Sullivan 14:15, 16
sum 16:2 20:21 21:7
supervises 31:9
supervision 18:8
30:2, 19 38:22 39:1
52:12 55:23 58:20
supervisor 56:9
supervisors 42:2
56:5
supervisory 58:5, 9
support 50: <i>20</i>
suppose 57:8 63:17
supposed 32:17
52:11
sure 28:12 32:13
33:12 36:2 40:18
47:4 49:24 56:1
64:12
sustaining 53:2
sworn 4:4 65:11
66:14
symptoms 51:8
SYRACUSE 2:10, 12
system 43:8
systemic 29:9
systems 13:6 29:4
/T >
<t></t>
take 5:15 6:3, 13
21:24 23:9, 14 47:16

taken 1:17 11:15 61:20 64:4 65:11 takes 48:10 60:1 talk 6:6 20:1 26:16, *19* 27:*10*, *13* 44:*4* 47:19 talked 17:13 59:7 talking 47:23 62:1 talks 26:21 taught 32:17 team 30:18 31:8 52:5 53:23 54:21 58:18 technical 10:1 TECHNICIAN 21:19 22:1 23:14 24:5 tell 33:7 44:25 47:20 telling 36:3 term 10:1 53:16, 18 terms 12:18 16:12 18:2 30:23 36:9 37:4 54:22 **testified** 4:4 5:3 9:3 10:2 testify 5:18 20:4, 9, 18 testimony 7:14 **Texas** 8:15 10:13 11:3 **Thank** 4:22 22:12 24:4 64:5 theoretically 45:4, 9 therapist 37:13 38:3 40:12 60:6 thing 6:11 24:24 things 28:20 55:8 60:2 62:4 63:10 think 8:2 9:5, 17 15:9 16:10 20:17 29:3, 16 30:23 33:6 36:3 42:21 49:5 56:*1* **thinking** 19:*14* thought 21:1 37:20 thoughts 16:4 three 43:24 62:17 Time 1:19 5:2 6:7, 9 9:16 12:2 13:25 15:7 17:*14*, *15*, *16*

64:2

62:4, 14, 19 63:25

20:17 22:17 23:1
24:19 30:17 32:20
51:12 57:8 63:12
64:6
times 6:15 14:24
16:23 17:12 39:18,
23 40:3
title 12:3 14:7
today 4:24 5:12, 18
6:9, 15, 25 15:8
24:15 60:21
today's 7:17, 19 8:5
told 9:3 10:2
tool 57:14 59:17
top 25:14 27:25
57:10
track 32:18
train 34:12
trained 60:8, 12
training 11:9, 11
32:21 34:2, 6, 8, 9, 10,
11, 13, 17, 19, 23, 25
35:1, 4 49:11 56:12,
17, 18, 24 57:3, 5, 9
60:16
trainings 56:23
60:13, 14
transcript 64:11 65:4
transcription 66:5
transferred 59:1
transgender 5:8 10:7
treat 47:8, 14, 21
treatment 5:9 9:9,
11 10:7 38:23, 25
39:1, 13, 16, 20, 21, 24
47:11, 12, 14, 15, 23
49:14, 16, 18 50:5, 9,
11, 15, 21 52:5, 12, 15 54:21
trend 28:22, 24 29:1,
14, 15
trends 26:14, 18, 19,
21 27:5 63:21
trial 5:3, 4 12:14
tried 50:24
trigger 28:20, 23, 24
29:1
true 65:4
truthfully 5:18

try 26:14 29:10 47:7 55:10 61:25 62:5 63:17, 18 trying 9:5 22:9 29:3 32:11 37:20 50:22 59:13 Tuesday 15:8 turn 6:19 twice 26:19 two 21:3 62:15 type 9:14 Typically 64:10

< U > **understand** 5:12, 21 20:19, 25 26:14 28:9 30:12 33:18 38:2 42:15 44:16 62:5 understanding 6:1 13:10 57:23 understood 5:25 29:18 51:10 **unfit** 12:14 **unique** 63:8 Unit 11:21, 23 48:17 49:8 50:17, 19 51:24 52:17, 20 53:1, 8, 10 **UNITED** 1:1 units 45:17 52:22 60:17 University 10:13 11:3 **update** 28:15, 17, 21 29:20 30:6 32:21 46:7, 9, 12, 21 updated 28:13 31:5, 14 45:24 55:7 **updates** 30:22 updating 29:19, 22 35:12 46:14, 16, 19 usual 25:2 usually 25:6 33:14

< V > variation 56:16 varies 25:22 various 17:12 verbal 6:2 verdict 12:19

VIDEO 1:13, 17 15:9 21:19 23:14 visit 44:1 voluntary 35:2

< W > walk 11:18 23:15 want 14:25 23:14, 16, 25 25:16 28:9 34:18 36:2 48:16 62:14, 18 64:8 wanted 16:4 46:7 **WARD** 1:5 watch 6:20 53:13, 24 54:2, 4, 7, 9 61:4, 8 watches 54:20 way 7:14 15:11 29:3 43:3 well 12:12, 16, 22 13:4, 12 17:20 18:7 19:2 36:16 46:9, 13 W-e-n 4:18 went 10:19 we're 6:8 13:1 33:25 64:14 we've 62:15 Williams 1:19 65:2, 15 wind 38:18 **WITNESS** 3:2 4:3 9:24 10:8 23:17 word 22:2 words 6:4 work 4:19 13:15 20:2 42:2 43:18 46:18 53:23 worker 40:10, 17 working 12:11 13:2 17:2, 3 26:6 39:14 works 16:22 29:25 writing 6:8 57:24 written 24:7

<Y>
YAMILE 2:6 4:7
Yeah 4:13 21:9
25:18 26:7 62:20
year 9:17 10:5
17:17 25:11, 12 26:3,

6, 8, 14, 20 yearly 26:11 years 9:15 10:5 19:23 43:24 63:20 YORK 1:1 2:6, 10, 12 4:19, 20, 21 11:12 16:22 18:23 19:3, 7, 17 24:19 26:17, 21 27:17 28:3 34:14 35:13 36:13, 20 39:15 42:1 43:25 45:1, 12, 20 York's 27:7

<Z> Zoom 6:24

WORD LIST	9th (1)	annually (2)	aware (20)
		Answer (11)	_
<1>	< A >	answered (2)	< B >
10 (7)	a.m (1)	answers (3)	back (8)
10:06 (<i>1</i>)	ability (2)	anybody (1)	based (2)
10001 (<i>1</i>)	able (1)	apparently (1)	basic (2)
10016 (<i>1</i>)	above-styled (1)	appearing (I)	basis (4)
10th (1)	access (3)	Apple (1)	Beginning (6)
112 (<i>I</i>)	accommodate (1)	apply (1)	behalf (2)
12 (<i>l</i>)	account (1)	appointments (1)	believe (3)
12:10 (<i>1</i>)	accreditation (11)	appoints (1)	Bellevue (2)
13202 (<i>1</i>)	accredited (1)	approach (2)	best (2)
15 (<i>1</i>)	accrediting (1)	appropriate (8)	Beth (1)
17 (2)	accuracy (1)	approval (1)	better (3)
17th (1)	accurate (1)	approves (1)	beyond (1)
18 (<i>1</i>)	accurately (1)	approximate (2)	bit (3)
1974 (<i>I</i>)	ACKNOWLEDGMEN	approximately (1)	board (1)
1992 (<i>I</i>)	T (1)	approximation (I)	born (2)
1996 (2)	ACTION (5)	area (2)	Branch (1)
	actions (1)	areas (2)	break (5)
< 2 >	actual (\hat{I})	Article (6)	Breaking (1)
2 (1)	acute (2)	asked (3)	brief (I)
20 (<i>I</i>)	ad (1)	asking (9)	briefly (1)
2000 (2)	additional (2)	assess (1)	broad (2)
2008 (5)	address (4)	assessed (3)	Bronx (1)
2013 (3)	addressed (2)	assessment (13)	bureaus (1)
2018 (7)	adequate (\hat{I})	assign (1)	business (1)
2019 (<i>I</i>)	admin (I)	assigned (3)	
2022 (5)	administrates (1)	assist (1)	< C >
20-CV-01413 (<i>I</i>)	administration (6)	associate (4)	called (2)
21 (<i>I</i>)	administrative (1)	assortment (1)	call-out (1)
23 (<i>I</i>)	Administrator (1)	assume (2)	capacity (1)
,	admitted (3)	assumption (1)	caption (I)
< 3 >	Adult (1)	attached (1)	Captioner (1)
300 (2)	adverse (1)	attempt (3)	care (6)
330 (<i>I</i>)	affect (4)	attempted (4)	case (8)
365 (2)	age (1)	attend (1)	caseload (1)
,	agency (3)	attending (1)	cause (1)
<4>	agency's (1)	attention (1)	cell (1)
4 (1)	\mathbf{ago} (3)	ATTORNEY (5)	Center (16)
	$\mathbf{AIMEE} (3)$	attorneys (2)	Centers (6)
< 6 >	al (1)	audience (I)	central (20)
6 (1)	Albert (1)	audit (1)	certain (1)
	alcohol (1)	audits (I)	CERTIFICATE (1)
< 8 >	allowed (1)	automatic (1)	certification (1)
8 (2)	Amended (2)	autopsy (1)	Certified (2)
,	amount (1)	available (1)	certify (3)
< 9 >	$\begin{array}{c c} \mathbf{Amy} & (I) \end{array}$	Avenue (2)	cetera (1)
90 (3)	Ann (2)	avoid (1)	chances (1)
- (-)		(-)	change (18)
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CHANGE/REASON
(1)
changed (3)
changes (2)
changes (2)
charge (10)
check (2)
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directives (1) directly (2) director (16) directs (1) disciplinary (2) discipline (1) discuss (1) discussed (1) Discussion (5) disease (1) distribute (1) distributed (2) distributing (1) distribution (7) DISTRICT (2) Division (12) divisions (5) DOCCS (4) doctor (9) doctors (1) document (10) documentation (3) documents (4) doing (3)**DR** (9) draft (1) drafted (7) Drake (2) drugs (1)**duly** (1) duties (1)< E > earlier (1)Eastern (1) education (1) Einstein (1) either (3) electronic (4) else's (1)E-mail (1)employee (4) employees (1) employment (1) encompass (1)encompassed (1) engineering (1)

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$\begin{array}{cccccccccccccccccccccccccccccccccccc$	familiar (2)	go (18)	idea (1)	involves (1)
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	family (2)	God (1)	ideation (3)	iPad (1)
Field (2) $Good (I)$ $gotten ($	feel (3)	goes (3)	identification (2)	Israel (1)
Fifth (l) gotten (l) illnesses (l) items (2) filed (2) graduate (2) imagine (l) its (l) fill (l) grievances (l) impact (l) impact (l) financially (l) ground (l) guess (l) important (l) join (l) fine (l) guessing (l) improve (l) improve (l) join (l) guidance (l) improved (l) join (l)	fellowship (2)	going (20)	identify (3)	issue (3)
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	Field (2)	Good (1)	illness (10)	issues (2)
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	Fifth (1)	gotten (1)	illnesses (1)	items (2)
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	filed (2)	graduate (2)	imagine (1)	its (1)
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$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	* 1	\ '		< J >
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$				Jeremy (1)
finished (4) guidance (1) improved (1) joint (8)	<u> </u>			
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Joseph (4)	lives (1)	Mental (43)	
judgment (3)	living (1)	mentioned (1)	<0>
July (1)	LI-WEN (7)	Meyers (1)	oath (2)
$ \mathbf{JUNE} (3) $	LLP (1)	Mid-State (6)	object (2)
jurisdictions (2)	local (2)	mind (1)	object (2)
•	` ′	` '	· · ·
Justice (3)	location (3)	minimally (1)	objective (1)
. IV >	locations (1)	minimum (1)	obliged (1)
< K >	$\log (2)$	$\begin{array}{ccc} \mathbf{minute} & (3) \\ \vdots & & & (1) \end{array}$	obtain (1)
KALKACH (77)	logistically (1)	minutes (1)	occasional (1)
keep (2)	long (8)	mission (1)	occurred (1)
keeping (1)	longer (2)	Mm-hmm (1)	occurs (1)
kept (1)	look (10)	modification (1)	odd (1)
$\mathbf{key} (1)$	looked (1)	month (1)	offender (1)
kids (1)	looking (7)	monthly (2)	offer (1)
kind (10)	lose (2)	morning (I)	offered (1)
kinds (4)	lost (1)	move (3)	off-hours (1)
King (9)	lot (4)	moved (1)	OFFICE (17)
knew (3)	lots (1)	multiple (I)	official (6)
know (89)		mute (1)	Oh (3)
knowledge (1)	< M >		Okay (40)
known (2)	Madison (1)	< N >	older (1)
knows (1)	major (1)	name (9)	OMH (13)
(-)	management (6)	names (5)	Once (6)
< L >	mandated (1)	NAPPI (2)	ones (4)
large (2)	mandatory (1)	nature (1)	one-time (1)
late (1)	manual (2)	navigating (1)	ongoing (2)
law (2)	Margaret (3)	NECESSARILY (1)	opened (I)
lawsuit (8)	Maria (1)	need (23)	opening (I)
* *	Marie (I)	` '	• • • •
layers (1)	. ,	needed (3)	operated (1)
lead (1)	mark (1)	needs (7)	operations (2)
leading (1)	marked (5)	negative (1)	opinion (1)
learn (5)	MARKS (1)	never (4)	opportunities (1)
learned (1)	married (1)	NEW (37)	opposed (1)
LEE (15)	$\mathbf{MD} (1)$		options (1)
L-e-e (1)	mean (17)	NORTHERN (1)	order (2)
left (3)	means (1)	Notary (1)	organization (4)
legal (1)	meant (3)	noted (1)	organized (2)
lesson (1)	mechanism (3)	notes (2)	oriented (1)
level (6)	$\mod (1)$	notice (4)	outcome (2)
levels (2)	medical (28)	noticed (1)	outcomes (1)
\mathbf{L} - \mathbf{i} (I)	medical-medical (1)	notices (5)	outpatient (1)
licenses (1)	medication (6)	notification (3)	outside (2)
licensing (2)	medications (4)	notifications (2)	overall (2)
LINE (1)	medicine (2)	notified (4)	overarching (1)
link (1)	meet (1)	notify (3)	overseeing (2)
linked (1)	meeting (2)	Number (6)	oversees (5)
list (4)	meetings (3)	numbered (2)	
little (3)	member (1)	numbers (1)	< P >
live (I)	memorized (1)	nurse (1)	p.m (1)
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packet (1)	preliminary (1)	quickly (4)	request (1)
PAGE (3)	pre-pandemic (1)	quite (1)	requests (2)
pages (I)	prepare (1)	QUOTATION (1)	requirement (3)
pages (1) paper (6)	prescribe (3)	QUOTE (2)	residency (2)
parole (I)	prescribing (1)	QUOTE (2)	respond (2)
• ' '		< R >	respond (2)
part (3)	present (l)		
participating (1)	presentation (3)	range (1)	responsibilities (2)
particular (1)	prevent (2)	RCTP (1)	responsibility (1)
parties (2)	prevention (4)	reach (3)	responsible (3)
partly (1)	primary (3)	reached (1)	responsive (3)
party (1)	prior (1)	read (13)	restoration (1)
pass (1)	$\begin{array}{c c} \mathbf{prison} & (I) \\ \vdots & \ddots & \vdots \\ \end{array}$	Realtime (2)	restrictions (1)
patient (3)	prisons (1)	reason (3)	result (1)
patients (1)	problem (3)	reasons (2)	retention (1)
pays (3)	problems (1)	Reassessed (2)	retraining (1)
peer (l)	procedure (2)	receive (9)	return (2)
peers (1)	proceedings (1)	received (3)	returning (1)
Peggy (2)	process (19)	receives (1)	review (18)
pending (1)	processes (1)	Recess (1)	reviewed (2)
people (15)	Professional (2)	recognize (5)	reviewing (6)
performed (1)	program (6)	recognizes (1)	reviews (1)
performing (1)	programs (4)	record (9)	revise (3)
performs (1)	projects (2)	recorded (1)	revisions (1)
period (1)	promoting (1)	recurring (1)	right (3)
permanently (1)	proposed (1)	redone (3)	risk (21)
person (19)	propounded (1)	reevaluated (1)	risks (1)
personally (2)	Prosequendum (1)	refer (1)	role (5)
person's (3)	provide (5)	REFLECT (1)	roles (1)
phone (1)	provided (2)	reframe (1)	room (1)
place (1)	provides (4)	regarding (6)	\mathbf{ROSE} (1)
placed (2)	providing (3)	REGIONAL (1)	\mathbf{RPR} (1)
Plaintiff (3)	provision (1)	Registered (2)	rules (2)
plan (1)	psyche (3)	regular (1)	run (2)
please (17)	Psychiatric (16)	related (9)	
points (1)	psychiatrist (4)	relationship (3)	< S >
policies (58)	Psychiatry (4)	relationships (1)	sanction (1)
policy (68)	psychological (1)	relative (1)	sanctions (1)
population (3)	psychologist (1)	remember (10)	sat (1)
populations (1)	Psychotropic (1)	REMOTE (2)	saying (2)
portion (1)	public (2)	remotely (1)	says (1)
portions (2)	pull (1)	repeat (3)	schedule (1)
position (8)	purview (1)	rephrase (4)	SCHIRRIPA (1)
positions (I)	put (8)	report (11)	school (5)
possible (3)		reported (2)	Scratch (4)
potential (2)	< Q >	Reporter (5)	screen (1)
practice (6)	qualified (1)	reporters (I)	screened (1)
practiced (1)	quality (4)	reporting (I)	screening (7)
practices (3)	question (14)	reports (5)	scroll (I)
practitioner (1)	questions (6)	represents (1)	scrolling (1)
• •			

second (1)	spectrum (1)	sustaining (1)	training (25)
sector (1)	spelled (1)	sworn (3)	trainings (3)
security (1)	spent (1)	symptoms (1)	transcript (2)
see (25)	spoke (5)	SYRACUSE (2)	transcription (1)
seen (9)	spoken (2)	$\begin{array}{ccc} system & (1) \end{array}$	transferred (1)
send (2)	sporadic (1)	systemic (1)	transgender (2)
sending (1)	stable (1)	systems (2)	treat (3)
sense (1)	staff (17)	systems (2)	treatment (29)
sent (3)	stakeholders (1)	<t></t>	trend (5)
separate (2)	stand (1)	take (12)	trends (6)
serious (2)	Standard (3)	taken (5)	trial (3)
Services (32)	start (1)	takes (2)	tried (I)
session (2)	started (1)	talk (8)	trigger (4)
sessions (2)	starting (2)	talked (2)	true (1)
set (2)	STATE (10)	talking (3)	truthfully (1)
$\mathbf{sex} (1)$	statements (2)	talks (1)	try (8)
Sheet (1)	state-operated (1)	taught (1)	trying (7)
shoelaces (6)	STATES (4)	team (6)	Tuesday (1)
show (1)	statutes (1)	technical (1)	turn (I)
show (1) showing (2)	statutes (1) statutorily (1)	TECHNICIAN (4)	twice (1)
side (6)	statuto Iny (1)	tell (3)	two (2)
$\mathbf{sign} (I)$	steps (2)	telling (1)	type (I)
signed (I)	$\begin{array}{c c} steps & (2) \\ stop & (1) \end{array}$	term (3)	Typically (1)
silent (I)	Street (1)	terms (7)	Typicany (1)
similar (1)	stressors (1)	testified (4)	< U >
single (2)	strike (4)	testify (4)	understand (12)
site (I)	strokes (1)	testimony (1)	understanding (3)
situations (2)	structural (1)	Texas (3)	understood (3)
skills (1)	structure (7)	Thank (4)	unfit (1)
slew (1)	structured (1)	theoretically (2)	unique (1)
small (1)	subject (1)	therapist (4)	Unit (12)
smoothly (1)	Subscribed (2)	thing (2)	UNITED (1)
social (2)	substance (4)	things (5)	units (3)
solution (1)	suicidal (4)	think (15)	University (2)
somebody (4)	suicide (50)	think (13) thinking (1)	update (10)
somewhat (1)	suicided (1)	thinking (1) thought (2)	updated (5)
somewhat (1)	suicides (7)	thoughts (1)	updates (1)
sorry (13)	Suite (1)	three (2)	updating (6)
sort (I)	Sullivan (2)	Time (22)	usual (1)
sound (1)	$\mathbf{sum} (3)$	times (7)	usually (2)
South (1)	supervises (1)	title (2)	usuany (2)
speak (6)	supervision (8)	today (9)	< V >
speaking (5)	supervisor (1)	today's (3)	variation (1)
speaks (1)	supervisors (2)	told (2)	varies (1)
special (11)	supervisory (2)	told (2)	various (1)
specialize (3)	$\begin{array}{c c} \text{supervisory} & (2) \\ \text{support} & (1) \end{array}$	$\begin{array}{c c} tool & (2) \\ top & (3) \end{array}$	various (1) verbal (1)
specific (17)	support (1) suppose (2)	track (1)	verdict (1)
specifically (4)	suppose (2)	train (I)	VIDEO (5)
specifies (2)	supposed (2) sure (9)	trained (2)	visit (1)
specifics (2)	Suit (/)	trained (2)	VISIT (1)
	1	1	I

voluntary (1) <w> walk (2) want (12) wanted (2) WARD (1) watches (1) way (4) well (11) W-c-n (1) we're (4) we've (1) Williams (3) wind (1) WITNESS (5) word (1) work (8) worker (2) working (6) works (2) writing (2) writing (2) writing (2) year (10) year (10) year (10) year's (5) YORK (30) York's (1) <z> Zoom (1)</z></w>	<pre>walk (2) want (12) wanted (2) WARD (1) watches (1) way (4) well (11) W-e-n (1) we're (4) we've (1) Williams (3) wind (1) WITNESS (5) word (1) works (2) working (6) works (2) writing (2) written (1) </pre> <pre><y>YAMILE (2) Yeah (5) year (10) yearly (1) years (5) YORK (30) YORK'S (1) </y></pre> <pre><z></z></pre>			
walk (2) want (12) wanted (2) WARD (1) watchs (1) way (4) well (11) W-c-n (1) we're (4) we've (1) Williams (3) wind (1) WITNESS (5) word (1) works (8) worker (2) working (6) works (2) written (1) < Y > YAMILE (2) Yeah (5) year (10) yearly (1) years (5) YORK (30) YORK (30) YORK's (1) < Z >	walk (2) want (12) wanted (2) WARD (1) watches (1) waty (4) well (17) W-e-n (1) we're (4) we've (1) Williams (3) wind (1) WITINESS (5) word (1) works (8) worker (2) working (6) works (2) writing (2) written (1) < Y > YAMILE (2) Yeah (5) year (10) yearly (1) years (5) YORK (30) YORK (30) YORK's (1) < Z >	voluntary (1)		
<pre>written (1) < Y > YAMILE (2) Yeah (5) year (10) yearly (1) years (5) YORK (30) York's (1) < Z ></pre>	<pre>written (1) <y> YAMILE (2) Yeah (5) year (10) yearly (1) years (5) YORK (30) York's (1) <z></z></y></pre>	walk (2) want (12) wanted (2) WARD (1) watch (9) watches (1) way (4) well (11) W-e-n (1) we're (4) we're (4) we've (1) Williams (3) wind (1) WITNESS (5) word (1) words (1) work (8) worker (2) working (6) works (2)		
		writing (2) written (1) < Y > YAMILE (2) Yeah (5) year (10) yearly (1) years (5) YORK (30) York's (1) < Z >		